

# Application for Admission



Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  Boy  Girl  
\_\_\_\_\_ Age \_\_\_\_\_ (Years \_\_\_\_\_ Mo \_\_\_\_\_)

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

Siblings Name \_\_\_\_\_ Age \_\_\_\_\_  
Siblings Name \_\_\_\_\_ Age \_\_\_\_\_  
Siblings Name \_\_\_\_\_ Age \_\_\_\_\_

With whom does the child live?  Both Parents  Mother  Father  Other \_\_\_\_\_

Does anyone care for your child, other than the parents? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Child's previous school or group experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us...  Friend  Internet  Mailing  Newspaper  
 Other \_\_\_\_\_

Please make checks payable to: Papillon Montessori School

Please circle 8 to 10 words that best describe your child:

- |             |           |            |           |            |               |
|-------------|-----------|------------|-----------|------------|---------------|
| Orderly     | Neat      | Playful    | Active    | Curious    | Builder       |
| Helpful     | Peaceful  | Sensitive  | Attentive | Lively     | Nature Loving |
| Artistic    | Caring    | Methodical | Quiet     | Reserved   | Free Spirited |
| Inquisitive | Confident | Talkative  | Cheerful  | Logical    | Enthusiastic  |
| Sociable    | Calm      | Studious   | Daring    | Determined | Responsible   |
| Diligent    | Content   | Timid      | Gentle    | Happy      | Individualist |

**History:**

Did you experience a normal pregnancy?  Yes  No

Was your pregnancy full term?  Yes  No

Has your child been hospitalized? \_\_\_\_\_

Does your child take any medications?  Yes  No

If yes, please indicate dosage and frequency: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

What is your child's primary language? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Has your child ever had a vision, speech or hearing evaluation?  Yes  No

If "yes" please provide information: \_\_\_\_\_

What form of discipline do you use at home?  Praise  Time out  Reward System  Paddle

Loss of Privileges  Other

What self-help skills has your child mastered?  Undress self-Dress self-Feed self  Use of toilet

Hand washing  Nose blowing

Does your child follow a morning/evening routine?  Yes  No

Describe your child's daily routine:

AM: \_\_\_\_\_

PM: \_\_\_\_\_

Does he/she nap?  Yes  No Length \_\_\_\_\_

Do you have meals together as a family?  Yes  No

How much time does your child spend: Watching TV \_\_\_\_\_ Computer/Video games \_\_\_\_\_

Does your child  Pronounce words accurately?  Know the alphabet?  Follow directions?

Write name?  Communicate effectively?

Comments: \_\_\_\_\_

\_\_\_\_\_