

I.S.A. Montessori Program Application: 2010-2011

_____ Age 3 on or before September 1 of the school year the child will join ISA - Half Day: 7:50-12:00
_____ Age 4, 5 on or before September 1 of the school year the child will join ISA - Full Day: 7:50-2:45

It would be helpful to the staff if you would take the time to answer the following questions. Each child is unique, and knowing something about his or her activities, interests, habits and history helps the teachers to better understand and serve the child's needs. All information is confidential.

Date of application: _____ Date of anticipated entrance into the program: _____

Name of child: _____ Name child prefers: _____

Birthday: _____ Present Age of Child: _____
Month-Day-Year

Address: _____

Father's or Guardian's name: _____

Mother's or Guardian's name: _____

Telephone numbers at which you may be reached: Father: _____

Mother: _____ Home: _____

E-mail address (for regular communications): _____

Names and ages of siblings residing with child:

Name	Age	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other people living at home. Please (*) those who take responsibility for the child.

Name Relationship with child

Child's Place and Country of Birth: _____

Child's first language: _____ Second Language: _____

Languages spoken at home: _____

English Proficiency: _____
None Fair Good Native

Is he/she read to? _____ How often? _____ By whom? _____

Does your child presently use a pacifier? _____ suck thumb or fingers? _____

Does he/she need help going to the bathroom? _____

If so, in what way? _____

At what time does your child regularly go to sleep at night? _____

Does he/she nap? _____ For how long? _____

Briefly describe your child's afternoon routine. _____

How much time, on average, does your child spend watching television per week? _____
At a computer? _____

Briefly describe your child's dietary habits _____

List any fears your child has _____

Briefly describe how your child is disciplined at home _____

* * * * * * * * * * * * * * * *

Has your child attended any previous school? _____

Name

Address

Telephone number

Briefly describe the program: _____

Does he/she do any type of regular work/home work with a parent, guardian, or sibling after school hours? Please Describe

Does he/she attend any special activities or classes after school hours? _____

Please take a moment to list as many interests and hobbies that your child has as possible.

* * * * *

What do you, as parents, expect from the Montessori Program? _____

How much knowledge do you have of the Montessori philosophy? _____

Please list anything else you think would be helpful to us in understanding and aiding the development of your child. (You may attach another paper if necessary)

