



### Please check the boxes that apply to the child

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Lives with both parents | <input type="checkbox"/> Father deceased  | <input type="checkbox"/> Mother deceased   | <input type="checkbox"/> Parents separated |
| <input type="checkbox"/> Joint custody           | <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Lives with father | <input type="checkbox"/> Lives with mother |
| <input type="checkbox"/> Father remarried        | <input type="checkbox"/> Mother remarried |  |  |
| <input type="checkbox"/> Lives with relative     | Relationship to relative: _____           |  |  |

### Please list other children in your family

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Name	Date of Birth	Grade	School
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Name	Date of Birth	Grade	School
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Name	Date of Birth	Grade	School
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### Current Preschool Information

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Present Preschool or Daycare	Address	Director/Directress
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Date of entry	Enrolled until	Telephone
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### Other Important Information

Child's first language? \_\_\_\_\_ What language is spoken at home? \_\_\_\_\_

Is your child adopted?  No  Yes      If yes, does he/she know?  No  Yes

Are there any medical or emotional concerns the school should be made aware of:  No  Yes  
If yes, please describe:

### Financial Aid

Check if you feel you may qualify for financial assistance. Montessori & Me offers a limited amount of need-based tuition assistance.

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Signature of Parent or Guardian

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Date

A non-refundable fee of \$25.00 must accompany this application. Your application is considered a formal request for enrolment of your son or daughter at Montessori & Me.



## Parent Questionnaire

Name of Child: \_\_\_\_\_

A note to parents: The purpose of this questionnaire is to help the Montessori & Me Admissions Office decide if Montessori & Me has the appropriate program for each applicant. All information furnished by parents will be kept in the strictest confidence.

What are you hoping to find in a school for your child?

What would you most like to see Montessori & Me accomplish with your child over the next few years?

How does your child spend his/her time outside of school? (e.g. sports, other programs, interests, etc)

Has your child had any specialized evaluations?  No  Yes

If yes, please describe:

Has your child received any counselling or therapy?  No  Yes

If yes, please describe:

Does your child take any medication(s) regularly?  No  Yes

If yes, please describe:

Has your child's present school made any special accommodations for your child?  No  Yes

If yes, please describe:

Does your child have any physical limitations or allergies?  No  Yes

If yes, please describe.

Has your child ever suffered any serious illness, injury, or hospitalization?  No  Yes

If yes, please describe.

How did you hear about Montessori & Me?

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

