



Child Application

We would like to know as much as we can about your child so that she or he can have the most positive pre-school experience possible. Please answer the following questions and add any information that you feel may be helpful in us getting to know your child. Fields outlined in red are required.

Today's Date

Person filling out form

Child's name

M

F

Date of birth

Address

Home / cell phone

Email

Prior schooling (dates, location)

Please attach any teacher reports to this application.

Home and Family

Does your child have any siblings? If so, what are their names and ages?

Who lives at home with your child?

Do you have any pets?

What is a typical week day like for your child?

What activities does your family do together?

What are some of your child's interests?

Sleep Habits

Time child wakes

Time child goes to bed

Does your child nap? **Y** **N** If yes, from and to what time?

Does your child sleep in a crib or a bed?

Does your child have a preferred position to fall asleep?

Does your child sleep through the night? **Y** **N** If no, please explain:

Eating Habits

Does your child have any food allergies? **Y** **N** If yes, please list:

What is a typical breakfast for your child?

What time and where does your child eat breakfast (at the kitchen table, in front of the TV, in the car)?

Does your child eat fruits and veggies? **Y** **N**

Does your child use a: (Please check all that apply.) Bottle Sippy Cup Cup without lid

What are your child's favorite foods?

Social / Emotional

How does your child interact with other children his or her age?

Does your child prefer to interact with children of a different age group? If so, does she or he prefer older or younger children?

How does your child interact with other adults?

Does your child prefer interactive or solitary play?

Does your child separate from you easily or with difficulty? If with difficulty, what do you find is helpful to ease the transition?

What behaviors do you discipline?

What discipline techniques do you use?

How does your child follow adult direction? (Please choose one)

Usually complies willingly Usually complies but with resistance Everything is a battle!

Has your child experienced any emotional events such as divorce or death in the family?

If your child was adopted, at what age did she or he join your family?

Does your child have any medical or behavioral conditions we should know about? Please describe.

Independence

Is your child toilet trained? **Y** **N**

Does your child use the bathroom independently? **Y** **N** If no, please explain:

Do you have stairs in your home? **Y** **N**

Can your child use stairs? Choose one and feel free to comment.

No Yes, but with assistance Yes, independently

What independent dressing skills does your child have? (Check those which apply)

Coat	Shoes	Socks	Shirt	Pants	Underwear
On / Off	On / Off	On / Off	On / Off	On / Off	On / Off

What types of toys does your child enjoy playing with alone?

What is the typical length of time that your child entertains herself or himself?

Language

How old was your child when she or he used her or his first words?

How does your child express his or her needs? (Please choose one)

with gestures with one word with simple phrases in complete sentences

Does your child understand simple commands? (Please choose one)

with gestures without gestures

Do *other* people generally understand your child? (Please choose one)
with your translation without your translation

If a language other than English is spoken at home, which language(s), and by whom?

Activities

Does your child watch television? If so, what programs or videos and with whom?

Does your child play computer games? If so, which games?

What are your child's favorite games and activities at home?

What are your child's least favorite things to do?

General

What do you see as your child's strengths?

Do you have any concerns about your child, that you want the staff to be aware of?

What are your expectations and hopes for your child's pre-school experience this year?

Why did you choose Childtowne Montessori School for your child?

Do you have any parenting issues or concerns that you would like guidance with?

Has your child ever been evaluated or received any developmental services such as speech therapy, OT, or behavioral? (Please include details and forms if applicable.)

In three words, please describe your child.

Additional Comments:

Parent Application

How did you hear about Childtowne Montessori School?

Please list any close family member who has attended Montessori school

Name

Relationship to child

Montessori school attended (if known)

Age level / grades completed

Have you read about the Montessori Method? If so, what aspects of the Montessori philosophy are most appealing?

What were the main factors in your decision to apply to Childtowne Montessori School?

What are your principal goals for your child while she or he is a student here?

Our school serves children from 18 months through kindergarten age. Through what grade do you plan to have your child attend Childtowne Montessori School? What factors will impact your decision?

Childtowne is dependent upon the involvement of its families to create a strong community for our children. In what manner do you envision your family becoming involved with school and parent network activities?

Thank you for taking time to fill out this application form completely. The information contained will be kept confidential. Please return this child and parent application with a non-refundable application fee of \$50 to:

Childtowne Montessori School, 1380 Bristol Road, Churchville, PA 18966

If your child has previous school / day care experience, copies of transcripts and / or progress reports are required before the child visit can be scheduled.

If you prefer, you may submit this form
via email to:

info@childtowne.org

Use the button to easily submit your
completed form. Thank you.