
Name _____ Age _____ Address _____

A nonrefundable application fee of \$100.00 must accompany this application.

Date _____ Parent Signature _____
QUESTIONNAIRE

What previous school experience or care outside your home has your child had? (List type of school and years attended)

What do you hope your child will gain from a Montessori environment? _____

What activities do you like to do as a family? _____

How much time do you spend with your child? _____

What are your child's favorite play materials? _____

Do you regard your child as happy? Affectionate? _____

Does your child accept new people easily? _____

Does your child have any fears? _____

What do you do to enhance your child's feelings of self-worth? _____

How would you describe your child's thinking ability? _____

What is your child's eating habits? _____ Sleeping habits? _____

When did your child walk? _____ Talk? _____ Is your child toilet trained? _____

What are your educational goals for this child? _____

How do you see Rancho Viejo Montessori School facilitating these goals? _____

What role can we expect the parents to play in facilitating these goals? _____

Does your child have any hobbies, sports, special interests, or unusual capabilities or talents? _____

Does your child have special medical needs or allergies? _____

Does your child have any speech/hearing problems or learning differences or disabilities? _____

Does your child have any special behavior problems? _____

Do you have any comments that will add to our understanding of your child and his/her needs? _____

Please give details and attach testing results, evaluations, and recommendations: _____

I plan to keep my child in Montessori through: ___ Children's House ___ Elementary ___ Middle School