



MONTESSORI ONE PRESCHOOL ACADEMY

Address: 9360 Holly Avenue, NE, Albuquerque, New Mexico 87122
Phone Number: 505.822.5150
Fax Number: 505.822.5120
Web Address: www.montessorione.net

STUDENT INFORMATION FORM

Child's Legal Name: _____ Nickname: _____
Date of Birth: _____

Parent/Guardian Name(s): _____

Has your child been enrolled in a Montessori school before? _____

How did you learn about Montessori One? _____

Other siblings/children living in the home (Names/Ages): _____

1. What are your reasons for choosing Montessori One Preschool Academy for your child?

2. Please indicate current school and prior schools your child attended (include dates).

3. If you are changing schools at this time, please explain why.

4. What are your expectations and educational goals for your child in the coming year?

5. What are your child's strengths?

6. What are your child's struggles/areas of needed growth?

7. What are your child's interests and favorite activities?

8. What frustrates your child?

9. What other languages, if any, are spoken in the home? _____

10. Did you have any complications during pregnancy or childbirth? Yes ____ No ____ If yes, please explain.

11. Does your child drink from an open cup, bottle, or sippy cup? _____

12. What are your child's favorite and least favorite foods?

13. How does your child tell you that he/she has to use the restroom?

14. How does your child act with adults that he/she doesn't know?

15. How does your child act/play with children his/her own age?

16. Does your child have any difficulties saying what he/she wants to do or do you have any trouble understanding your child? Yes ____ No ____ Explain:

17. Please give a brief description of your home environment.

18. What are some of your family time activities?

17. Please describe how you handle discipline in your home.

18. Who attends to the child's needs at home?

19. How does your child adapt to changes in activity or location?

20. Have any family circumstances occurred that may have impacted your child?

21. In order to best support your child, are there any medical, physical, emotional, or educational factors which should be taken into account? Yes_____ No_____ If yes, please explain:

22. Is there a family history of any type of development delays that we should be aware of? If so, please explain:

23. Has your child ever received diagnostic testing, evaluations, or support services (e.g., occupational therapy, speech and language, educational, psychological, IEP or special education accommodation, etc.)? If so, please explain:

24. What is the average time per day your child spends:

Watching TV _____ Playing with computers or electronic games _____ Looking at books _____

In imaginative play _____ Playing with other children outside of school _____ In daycare _____

25. What else would you like us to know about your child?

CONSENT

By signing below, (I/we) acknowledge that the information contained in this application is true and accurate. (I/We) hereby authorize Montessori ONE Preschool to contact other schools and other sources to obtain information to support this application and (I/we) will not seek access to confidential recommendations and evaluation materials.

(I/We) understand that the submission of this form is completed upon (my/our) child's admission to Montessori ONE Preschool. This does not commit Montessori ONE Preschool to accept (my/our) child. Enrollment is contingent upon receiving and signing a formal contract and payment of the enrollment deposit.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Please remember that parent/teacher communication is very important to your child's education. Please keep your child's teacher informed on any on-going changes that may affect the child.

“Parents... Are the only ones that can save their children by uniting and working together for the improvement of society.” *Maria Montessori, The Secret of Childhood*