



Madison Montessori School

Application for Admission School Term: 2026-2027

19 Green Avenue
Madison, NJ 07940

Phone: 973-966-9544

E-mail: MadisonMontessori1981@gmail.com

Date: _____

CHILD _____ Male _____ Female

First Name:	Last Name:
Birth Date:	Age in Sept: years/months
Home Address:	
Home Telephone Number or Primary Cell Phone #:	

MOTHER (OR GUARDIAN)

FATHER (OR GUARDIAN)

Name:	Name:
Address if not the same as above:	Address if not the same as above:
Employer:	Employer:
Cell Phone #:	Cell Phone #:
Occupation:	Occupation:
Signature (only one required)	Signature (only one required):
Email:	Email:

Check Preference	Program	Age Requirements	Hours
	Two-Day Class	2.5 to 3 in September	8:30 AM to 11:30 AM — Mon/Tues.
	Three-Day Class	2.5 to 3 in September	8:30 AM to 11:30 AM — Wed./Thurs./Fri.
	Five-Day Class	2.5 to 3 in September	8:30 AM to 12:30 PM — Mon. thru Fri.
	3-6 AM Class	3 to 6	8:30 AM to 11:30 AM — Mon. thru Fri.
	3-6 PM Class	3 to 6	12:30 PM to 3:30 PM — Mon. thru Fri.
	8:30 Kindergarten	5 by October 1	8:30 AM to 2:30 PM — Mon. thru Fri.
	9:30 Kindergarten	5 by October 1	9:30 AM to 3:30 PM — Mon. thru Fri.

If you are interested in and able to commit to more than one option please check all options that apply. As our programs reach capacity we would like the opportunity to offer you an alternative to your first choice.

ENROLLMENT INFORMATION

Please answer all of the following questions. **This information is kept confidential and is for the teachers' use only.** Because we view each student as a unique individual, the questions are designed to give the teacher a better understanding of your child. Your candid and thorough responses to these questions are necessary to that end.

Age of your child when this application was completed: ____ Years ____ Months

SIBLINGS

NAME	AGE	SCHOOL

- ♥ Is your child adopted? ____ We want to be sensitive to your child's understanding of his/her adoption and will need to discuss with you how we can best support your family.

MEDICAL/HEALTH HISTORY

- ♥ Describe your child's prenatal history:
- ♥ Describe your child's allergies, if any:
- ♥ Has your child had ear infections? ____ How many? ____ At what age(s)?
- ♥ Has your child been hospitalized for an illness or accident? ____ If yes, please describe:
- | | |
|----------------------|------------------------------------|
| ♥ Eating habits: | Sleep patterns: |
| ____ Eats everything | ____ Sleeps well |
| ____ Picky eater | ____ Has difficulty falling asleep |
| ____ Some of above | ____ Some of the above |
- ♥ Does your child nap? ____ If so, for how long?
- ♥ Does your child have any physical limitations? ____ If so, please describe:
- ♥ Is there anything else you would like us to know about your child's medical/health history?

SOCIALIZATION

- ♥ Has your child had group experiences with other children (play groups, Y classes, story time, etc.)? Describe the experience including whether it was a positive or negative one and why:

- ♥ Has your child had previous school experience? _____ Describe the experience including whether it was a positive or negative one and why:
- ♥ How does your child react to separation from you?
- ♥ What is your child's favorite social experience?
- ♥ What is your child's least favorite social experience?
- ♥ Does your child have any fears? _____ What are they?
- ♥ Has your child had any traumatic experiences? _____ Please describe:
- ♥ How is your child affected by transition (going from one activity or place to another?)
 _____ Transitions easily
 _____ Sometimes has difficulty depending upon the situation
 _____ Needs to be prepared and reassured ahead of time
- ♥ Does anyone else assist you in caring for your child? _____
- ♥ Parent's marital status: _____ single _____ married _____ separated _____ divorced
- ♥ Does either parent travel for business and is consistently away from home? _____
- ♥ Describe your child's personality and temperament:
- ♥ How do you discipline your child?
- ♥ How do you feel we can best support your child emotionally and behaviorally?

DEVELOPMENTAL

- ♥ Is your child toilet trained? _____ Can he/she use the toilet independently? _____
- ♥ What are some of the things your child likes to do:
- ♥ What are some of the things your child **does not** like to do:

♥ What do you feel are your child's areas of strength:

♥ What kind of activity do you feel your child finds most challenging:

♥ Is a language other than English spoken at home? _____ If so, what language? _____

EXPRESSIVE LANGUAGE

_____ Speaks in sentences and can be clearly understood most of the time

_____ Uses words and is understandable most of the time

_____ Language is age appropriate

_____ Language is delayed

RECEPTIVE LANGUAGE

_____ Uses words appropriately most of the time

_____ Answers questions appropriately most of the time

_____ Sometimes has difficulty responding to questions.

♥ Does your child understand directions?

_____ Understands and can follow directions most of the time

_____ Understands and sometimes follows directions

_____ Has difficulty following directions

♥ Does your child have sensitivities to certain foods (not allergies), smells, clothing, or sounds?

♥ Has your child had any therapeutic interventions? _____ Is he/she currently working with a therapist? _____
For how long? _____ With whom?

Please explain reason and type of therapy.

Evaluations can be enormously helpful to us. Please attach a copy to this application.

♥ Is there anything else you would like us to know about your child?

♥ Are there any questions you would like us to answer?

♥ How did you find out about our school?

**Please return the completed application and the non-refundable application fee of \$65 to
Madison Montessori School 19 Green Avenue Madison, NJ 07940**