



Madison Montessori School

19 Green Avenue
Madison, NJ 07940

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Application for Admission

School Term: _____

CHILD _____ Male _____ Female

First Name:	Last Name:
Birth Date:	Age in Sept.: years/months
Home Address:	
Home Telephone Number:	

MOTHER (OR GUARDIAN)

FATHER (OR GUARDIAN)

Name:	Name:
Address if not the same as above:	Address if not the same as above:
Employer:	Employer:
Work Phone #:	Work Phone #:
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	2.6 to 3 in September	8:30 AM to 11:30 AM — Mon./Tues.
	Three-day Class	2.6 to 3 in September	8:30 AM to 11:30 AM — Wed./Thurs./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	1:00 PM to 4:00 PM — Mon. thru Fri.
	8:30 Kindergarten	5 in September	8:30 AM to 2:30 PM — Mon. thru Fri.
	9:30 Kindergarten	5 in September	10:00 AM to 4:00 PM — Mon. thru Fri.

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

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: _____ Eats everything _____ Picky eater _____ Some of above	Sleep patterns: _____ Sleeps well _____ Has difficulty falling asleep _____ Some of the above
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♥ 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

♥ 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.

SIBLINGS

NAME	AGE	SCHOOL

♥ 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? _____ Is your child bi-lingual? _____

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.

♥ Tell us something about your child that you would like us to know. _____

♥ 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.**

For MMS use only

Date of observation: _____

Date contract was mailed: _____

Date contract is due: _____

Date forms mailed: _____