Madison Montessori School

19 Green Avenue
Madison, NJ 07940

Phone: 973-966-9544
E-mail: MadisonMontessori1981@gmail.com

Application for Admission
School Term: 2027-2028

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)

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

FATHER (OR GUARDIAN)

Name:
Address if not the same as above:
Employer:
Cell Phone #:
Occupation:
Signature (only one required):
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:
  - ☐ Eats everything
  - ☐ Picky eater
  - ☐ Some of above

  Sleep patterns:
  - ☐ Sleeps well
  - ☐ Has difficulty falling asleep
  - ☐ 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 <u>non-refundable</u> application fee of $65 to Madison Montessori School 19 Green Avenue Madison, NJ 07940