



THE MONTESSORI SCHOOL

# APPLICATION FOR ADMISSION - PART I

Applying for: Month \_\_\_\_\_ Year \_\_\_\_\_ Date of Application \_\_\_\_\_

Program (Circle one): Toddler Children's House (3's / 4's / K) Elementary / Grade \_\_\_\_

Program Hours (Circle one): Toddler dismissal times: 11:45 AM 3:00 PM

Children's House dismissal times: 12 Noon 3:00 PM 6:00 PM

Kindergarten/Elementary dismissal times: 3:00 PM 6:00 PM

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_ M \_\_ F

Current School and Grade (if applicable): \_\_\_\_\_

If your child is attending or has attended another preschool or grade school, copies of progress reports must be provided to TMS. Please have these records sent as soon as possible to ensure that your child's application is complete. Consideration for admission will occur after records are received.

Sibling(s) \_\_\_\_\_ M / F Date of Birth \_\_\_\_\_  
\_\_\_\_\_ M / F Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Your answers to the following questions will enable us to get a sense of your family and your familiarity with Montessori education. Please feel free to answer fully. Attach another sheet of paper if you require more space.

Are you familiar with the Montessori Method of teaching and learning? \_\_\_\_\_

What materials have you read about the Montessori Method? \_\_\_\_\_

\_\_\_\_\_

(Please complete side two)

Office Use Only

Date App Red'd: \_\_\_\_\_

Check #: \_\_\_\_\_

TY Date: \_\_\_\_\_

Records Rec'd: \_\_\_\_\_

Notes:

What aspects of the Montessori philosophy are most appealing to you, and why? \_\_\_\_\_

What were the main factors in your decision to apply to TMS? \_\_\_\_\_

What are your principal goals for your child while s/he is a student here? \_\_\_\_\_

Our school serves children from 18 months through 12 years of age. Through what grade do you plan to have your child attend TMS? What factors will impact your decision?

TMS is very dependent upon the involvement of its families to create a strong community for our children. In what manner do you envision your family becoming involved with school and parent network activities?

Thank you for taking time to fill out this application form completely. The information contained will be kept confidential. Please return Parts I and II with a non-refundable application fee of \$ 50 to: The Montessori School, 1701 Jarrettown Road, Dresher PA 19025. Upon receipt of the completed application and fee (and school records, if applicable), TMS will acknowledge receipt via mail, and place your child's name into our pool of applicants. In no instance will an applicant's race, color, religious creed, disability, ancestry, national origin, age or gender be a factor in determining whether s/he is accepted into the school.

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_



THE MONTESSORI SCHOOL

# APPLICATION FOR ADMISSION - PART II

## CHILD PROFILE QUESTIONNAIRE

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nickname, or the name you would like us to use at school \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Please describe your child's daily routine (note whether they need help in any area)

Toothbrushing \_\_\_\_\_

Hairbrushing \_\_\_\_\_

Toileting \_\_\_\_\_

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_

Describe your child's play activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's favorite games and activities at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's least favorite things to do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_ Get up? \_\_\_\_\_ Nap? \_\_\_\_\_

Does your child watch TV? If so, what programs or videos and with whom? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At what age did your child begin to speak? Does s/he speak in 2-3 word phrases, or sentences?

\_\_\_\_\_

If a language other than English is spoken at home, which language(s), and by whom?

\_\_\_\_\_

(Please complete side two)

## CHILD PROFILE QUESTIONNAIRE (CONTINUED)

Has your child experienced any emotional events such as divorce, or death in the family? Please explain:

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How do you discipline your child? \_\_\_\_\_

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Does your child have any fears? \_\_\_\_\_

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Do you have any reports from child psychologist evaluation(s) you can share with us? \_\_\_\_\_

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Describe the general health of your child: \_\_\_\_\_

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Was your child breastfed, bottle fed, or a combination? (Please note that this question is optional: Your answer enables us to know whether your child will have a need we will not be able to meet at school.) \_\_\_\_\_

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Is s/he weaned yet? \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

Please list childhood diseases/conditions your child has had (chicken pox, chronic ear infections, asthma, allergies etc.)

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Is your child taking any medication on a regular basis? If so, please explain: \_\_\_\_\_

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Please give a brief account of your child's birth (How long was labor? Which medications were used? What type of delivery was used? What was your child's birth size? Were there complications?): \_\_\_\_\_

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If your child was adopted, at what age did s/he join your family? \_\_\_\_\_

If you know their prenatal and birth history, please describe: \_\_\_\_\_

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What words come quickly to mind when you describe your child? \_\_\_\_\_

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What aspects of your child's personality lead you to believe that s/he would thrive in a Montessori learning environment?

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