



Toddler Program Questionnaire

At West Hills Montessori School we strive to provide the most positive experience for every child in our care. Prior to enrollment, each child is evaluated on the basis of readiness for school and potential for success in a Montessori setting. Your perspective and comments help us to understand your child's needs and to make the best placement decision. Your prompt response allows us to process your application in a timely manner.

Prior to acceptance, our school must be notified of individual needs we will be asked to serve. Individual needs may include but are not limited to physical, emotional and intellectual issues, medications your child is receiving, diet restrictions and/or allergies, behavior difficulties and need for alternative learning tools.

This form should be completed by a parent and, if applicable, current caregiver. All information provided will be considered confidential and will become part of the child's school file. Please contact our office with questions concerning this form.

Child's full name:

Nickname, if applicable:

Date of Birth:

Gender:

Name of parent or guardian(s):

Address (street, city, zip):

What is your relationship to this child?

Names/Ages of any siblings living at home:

How did you hear about West Hills Montessori?

What is your understanding about the Montessori Method of teaching and learning?

Why are you interested in a Montessori Toddler Program experience for your child?

Do you have other children/family members who attended Montessori? What school and what ages?

Separated or divorced parents, please answer the following:

Who is the legal guardian?

With whom does the child live?

Describe your child's overall health condition:

Are there medical or physical needs that preclude your child from participating in classroom activities?

Does your child have any allergies? If so, please elaborate here:

Does your child take any routine medication? If so, please elaborate here:

Does your child have any known speech delays? If so, please elaborate here:

At what age did your child: sit _____ crawl _____ walk _____ talk _____

Briefly describe how your child communicates (sign language, body language, other foreign language, expresses feelings, etc.):

Does your child relate easily to new people?

Please comment on the comfort level of your child in separating from his/her parents or caregivers:

Has your child had group play experiences and / or previous day care experiences? If so, please tell us more including schedule and number of days attended each week:

Has your child begun toilet training? If so, please describe where your child is at in the process:

Circle the words that best describe your child:

Happy	sensitive	friendly	impulsive	moody
Quiet	dependent	stubborn	independent	attentive
Industrious	withdrawn	agile	fearful	shy
Even tempered	aggressive	good natured	playful	joyful

Please check to indicate which West Hills Montessori programs you may be interested in having your child attend in the future:

Primary ages 3-6 including Kindergarten year

Elementary grades 1-6

(located at our Vermont Street Campus)

Please use this space to provide any additional information about your child that would be helpful for us to know as we consider your application to our Montessori toddler program:

Signature _____ Date _____