

WEST HILLS MONTESSORI SCHOOL

New Student Questionnaire: Toddler



Student's Name: _____

Date of birth: _____

Parent / Guardian's Name(s): _____

Address _____

Email(s) _____

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 success in a Montessori setting. Your perspective and comments help us to understand your child's needs and to make the best placement decision. So that we can gather as much information as possible about your child, please answer all of the following questions with as much detail as possible. Your prompt response allows us to process your application in a timely manner.

Meet and Greet Visit with your Child: We will also request that you bring your child in for a brief meeting with one of our Montessori guides. This informal "meet and greet" is part of our enrollment process that only takes about 20 minutes.

Admission to our program is based upon classroom availability and with consideration to age and gender ratios. With the understanding that consistency and continuity are vital to young children's optimal development, admissions preference is given to families whose intention is to remain with West Hills Montessori for the full Montessori cycle which includes the kindergarten year.

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, emotion and intellectual issues, medications your child is receiving, diet restrictions and/or allergies, behavior difficulties or need for alternative learning tools.

How did you hear about West Hills Montessori School?

Please list the names and ages of any siblings living at home:

Please tell us about why you choose Montessori for your child, and what you hope to gain from the experience:

Benefits: In what ways do you hope your child (and your family) will benefit from a Montessori learning experience?

Partnership: In what ways are you prepared to support your child's Montessori learning experience at home?

Commitment: Montessori, at every level, is a multi-age experience. Children who stay for the full cycle experience receive the greatest benefits and are uniquely prepared for the transition to first grade. Are you prepared to commit to a full Montessori cycle, which includes the Kindergarten year? YES NO *If you answered no, please explain.*

Are you interested in having your child attend our Elementary Program at our Vermont Street Campus? YES NO

Do you have any other children/family members who attended Montessori? If so, what school and what ages?

Please describe your child's overall health condition:

Are there any 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 medications? If so, please elaborate here:

Does your child have 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.):

Group Experiences: Has your child previously attended school or been involved in other group (social) experiences? Please include types of experiences and regularity of attendance.

Separation: What is your child's comfort level in separating from parents or caregivers?

Social Interactions: How does your child relate socially to other children and to adults? Does your child relate easily to new people?

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

Check 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 identify and comment on any special circumstances or special needs of which we should be aware:

Name _____ Relationship _____

Signature _____ Date _____