

WEST HILLS MONTESSORI SCHOOL

New Student Questionnaire: Primary



Student's Name: _____ Date of birth: _____

Parent / Guardian's Name(s): _____

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 may 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 ratios and scheduling needs. 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, emotional and intellectual issues, medications your child is receiving, diet restrictions and/or allergies, behavior difficulties or need for alternative learning tools.

Note regarding 5 year old applicants: Montessori classes are "age-blended" and each primary class is comprised of children between the ages of 3 and 6 years old. Most of our 5 and 6 year old students have been with us between one and three years and have established social (classroom) relationships as well as experience working with the Montessori materials. Therefore, applications for new 5 year old students are processed with special care and consideration and can include teacher recommendations and classroom observations by West Hills staff.

How did you hear about West Hills Montessori School?

Please tell us about your family unit. Do you have any other children/family members who attended Montessori? If so, what school and what ages?

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

Please tell us about your parenting philosophy. Include your thoughts on the importance of independence, citizenship, and responsibility.

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

Please tell us about your child's social, emotional, and physical development:

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?

Listening: Does your child listen attentively?

Attention: Is your child able to focus on a task?

Independence: Can your child play independently, without the need of adult guidance?

Responsiveness to adults: Does your child follow adult directions? How does your child respond to limits or redirection from an adult?

Self-Regulation: How does your child deal with conflict or adversity? How does your child deal with challenging situations or disappointment?

Toileting: Does your child anticipate the need to use the bathroom without adult reminders? Does your child use the bathroom independently at home or in other social settings? Is your child comfortable using an adult toilet? Can your child manage their clothing independently in the bathroom? Can your child wipe independently? Children in our Primary Program must be completely toilet independent.

Oral Language: Please comment on speech articulation. Can your child clearly express needs and thoughts in words?

Motor Skills: Please comment on your child's large and fine motor skills:

How many hours does your child typically sleep at night? Does your child still nap? Do they typically wake up well rested and content?

How much time does your child spend with digital media (television, video games, computer, ipad/tablets, etc)? Please describe the content of the programs. Would you be willing to reduce screen time if suggested?

Please identify any special circumstances of which we should be aware (outside services, speech therapy, occupational therapy, etc):

Anything else you would like us to know?

Name: _____ Relationship: _____

Signature: _____ Date: _____