

**WEST HILLS MONTESSORI SCHOOL**  
**New Student Questionnaire: Toddler**



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.

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

**In what ways do you hope your child and your family will benefit from a Montessori learning experience?**

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

**Please describe your discipline philosophy at home:**

**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**

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

**Please list names and ages of any siblings living at home. Do you have any other children/family members who attended Montessori? If so, what school and what ages?**

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_