VICTORIA MONTESSORI SCHOOL

"Education for life"

ADMISSIONSCHOOLYEAR. DATE ...../...../20.....

--- Full day arrival 7:30am --- 4pm

---Half day arrival 7:30am--- 12:30pm

Child's Name (First)..... **.....(Middle).....**

(Last).....

Date of Birth ...../...../20.... Sex.....place of Birth.....City.....,.....

Country.....

Current Address .....Phone #.....

Father's Name.....Occupation.....City.....Country.....

Firm.....Address.....

.....

Working Hours .....Business Phone #..... **Mother's Name**.....Occupation.....City.....Country.....

Firm.....Address.....

.....

Working Hours .....Business Phone..... **Marital Status**.....Guardians.....

Physician .....Phone #.....

Address.....

.....

List of others we may contact in case we cannot contact you

(1)Name.....Phone #.....

Address.....

.....

(2) Name.....Phone #.....

Address.....

.....

Parent(s): Sign. (Male)..... (Female)..... .....

Date ...../...../20.....

Guardian(s): Sign.(Male).....(Female)..... .....

Date ...../...../20.....

Persons Authorized to pick up your child.

(1) Name.....Phone #.....
Address.....
.....

(2) Name .....Phone #.....
Address.....
.....

Names and ages of siblings.....

If there is an unusual custody situation, explain briefly.....

Does your child have a special physician or emotional problems?.....

Is your child receiving treatment or medication regularly? Explain.....
.....
.....

How did you learn about our school?.....

Has your child attended any other preschool?.....which.....

Have you observed a Montessori class in session?.....When?.....

Have you attended a Montessori Parent Orientation course?.....When?.....

Why are you choosing a Montessori School?.....
.....
..

PREPRIMARY PROFILE SHEET Date...../...../20.....

Child's Name..... Age..... Date of Birth..../...../20.....
Mother's Name.....Phone #.....
Father's Name.....Phone #.....

DEVELOPMENTAL HISTORY

Accidents.....
Illness.....
Allergies (food, sinus, hay fever, medication).....

Parent(s): Sign. (Male)..... (Female)..... .....
Date ...../...../20.....
Guardian(s): Sign.(Male).....(Female)..... .....
Date ...../...../20.....

Is your child taking any medication? ( ) yes ( ) No
Speech problems? ( ) Yes ( ) No
Hearing problem? ( ) yes ( ) No
Child's Health? ( ) good ( ) fair ( ) poor
Any physical problems?.....
Chronic problems?.....
Dietary History (sensitive to certain food?).....

SCHOOLHISTORY

Other early childhood program? e.g. Sunday school, Parent Infant ( ) yes ( ) No
Where?.....
How long?.....
What do you think of his or her progress in school?.....

Parent(s): Sign. (Male)..... (Female)..... .....
Date ...../...../20.....
Guardian(s): Sign.(Male).....(Female)..... .....
Date ...../...../20.....