

# Montessori Academy at Westridge Admission Application Form

## STUDENT INFORMATION:

\_\_\_\_\_  
(Child's last name) (Child's first name) (Called) (Age)

Child's Birth Date: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home address: \_\_\_\_\_

## Level:

\_\_\_\_ Infant (6 weeks- 12months) \_\_\_\_\_ Primary (3 - 6 years)  
\_\_\_\_ Pre Toddler (12 months - 18 months) \_\_\_\_\_ Lower Elementary (1st – 3rd grade)  
\_\_\_\_ Toddler (18 months - 36 months) \_\_\_\_\_ Upper Elementary (4th –6th grade)

## Program:

\_\_\_\_ Half Day (8:15 – 12:00) \_\_\_\_\_ School Day (8:15 – 3:30)  
\_\_\_\_ Extended Day (7:15 am – 6:30 pm)

## Optional:

\_\_\_\_ Spanish Immersion \_\_\_\_\_ Mommies Time Out (Infant/Toddler only; Based on Availability)

## Term:

\_\_\_\_ School Year (Last week of Aug. to beginning of June)  
\_\_\_\_ School Year with Summer Program (Aug 1st –August 18<sup>th</sup>, 2020)

## Estimated Start Date:

\_\_\_\_\_

## Payment Frequency:

\_\_\_\_ Bi-Monthly \_\_\_\_\_ Monthly \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Quarterly \_\_\_\_\_ Annual

## Child's Physical Development:

Birth: \_\_\_\_\_ Term: \_\_\_\_\_ Premature: \_\_\_\_\_ Adopted: \_\_\_\_\_

Trauma at birth: \_\_\_\_\_ Early Illness: \_\_\_\_\_

Handedness: \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Both

Eating Habits: \_\_\_\_\_ Good or \_\_\_\_\_ Poor

Toilet Trained: \_\_\_\_\_ Yes or \_\_\_\_\_ No

## To be filled out by MAW Office Personnel:

2019-2020

Class Visit: Date \_\_\_\_\_ Time \_\_\_\_\_ Classroom \_\_\_\_\_

Application Fee Collected: \_\_\_\_\_ QB \_\_\_\_\_ PC \_\_\_\_\_ 1

**Sleeping Habits:**

Falls easily  Falls asleep with difficulty  
 Difficulty sleeping through night  Difficulty waking

How does your child appear in his/her movements?

Coordinated or  Uncoordinated

If uncoordinated, please list any specific concerns.

**Check all that pertain to your child:**

Allergies If yes, please Note: \_\_\_\_\_

Dietary Restrictions If yes, please explain \_\_\_\_\_

Daily Medication If yes, please list: \_\_\_\_\_

Asthma  Ear Infections  Headaches

Stomach aches  Epilepsy  Seizures

Convulsions  Eye Problems  Accident where Unconscious

Other (explain) \_\_\_\_\_

Does your child have any physical problems, mental health disorders, mental retardation or developmental disabilities? \_\_\_\_\_

**PREVIOUS SCHOOL EXPERIENCE:**

Name of Prior School:
Grade or Level Attended:
Hours of Day Spent in Program:
Address of Prior School/Center:
Dates Attended:
Age When Attended:
Describe your child's adjustment to School:

Does your child have special needs? If so, please share this information so we can better understand and respond to your child.

If you have school records or private professional testing evaluations that might provide insight into your child's needs, please share this information with the Head of School.

**Please write a letter to your child's teacher (one from each parent, and done separately) about your child. Please include their interests, likes, dislikes, daily routine, and their personalities.**

**FAMILY INFORMATION:**

Child lives with: \_\_\_\_\_ Both \_\_\_\_\_ Mother \_\_\_\_\_ Father

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Cell Phone and Provider

Mom's Email: \_\_\_\_\_

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Cell Phone and Provider

Father's Email: \_\_\_\_\_

Who is responsible for child's tuition payment?

\_\_\_\_ Both

\_\_\_\_ Mother

\_\_\_\_ Father

\_\_\_\_ Other: \_\_\_\_\_

Siblings Names

Birth Date

School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY:**

Has your child been separated from you prior to this time (such as attending school): \_\_\_\_\_ Yes \_\_\_\_\_ No

How does he/she relate to siblings? \_\_\_\_\_

**EMERGENCY CONTACT in case parents/guardian cannot be reached**

1. \_\_\_\_\_  
Emergency Contact's Name                      Emergency Contact's Phone                      Relationship to child

\_\_\_\_\_  
Street Address                      City, State, Zip

2. \_\_\_\_\_  
Emergency Contact's Name                      Emergency Contact's Phone                      Relationship to child

\_\_\_\_\_  
Street Address                      City, State, Zip

3. \_\_\_\_\_  
Emergency Contact's Name                      Emergency Contact's Phone                      Relationship to child

\_\_\_\_\_  
Street Address                      City, State, Zip

**PEOPLE AUTHORIZED TO PICK UP CHILD FROM SCHOOL (OTHER THAN PARENTS/GUARDIANS). NO CHILD WILL BE PERMITTED TO LEAVE THE SCHOOL WITH ANYONE EXCEPT PARENTS UNLESS PRIOR WRITTEN PERMISSION IS GIVEN BY PARENTS/GUARDIANS.**

\_\_\_\_\_  
Name                      Phone Number                      Relationship to child

\_\_\_\_\_  
Name                      Phone Number                      Relationship to child

\_\_\_\_\_  
Name                      Phone Number                      Relationship to child

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**PARENTING:**

1. How does your child handle frustration? \_\_\_\_\_

\_\_\_\_\_

2. What approach to discipline do you use? \_\_\_\_\_

\_\_\_\_\_

3. Please list any discipline problems your child may be experiencing at this time.

\_\_\_\_\_

\_\_\_\_\_

4. How is the problem being handled? \_\_\_\_\_

\_\_\_\_\_

5. How much time does your child spend watching television? \_\_\_\_\_

\_\_\_\_\_

6. How did you become familiar with the Montessori approach to education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What aspects of your child's development would you most like to see the school help develop?

\_\_\_\_\_

8. What do you expect from a Montessori education for your child?

\_\_\_\_\_

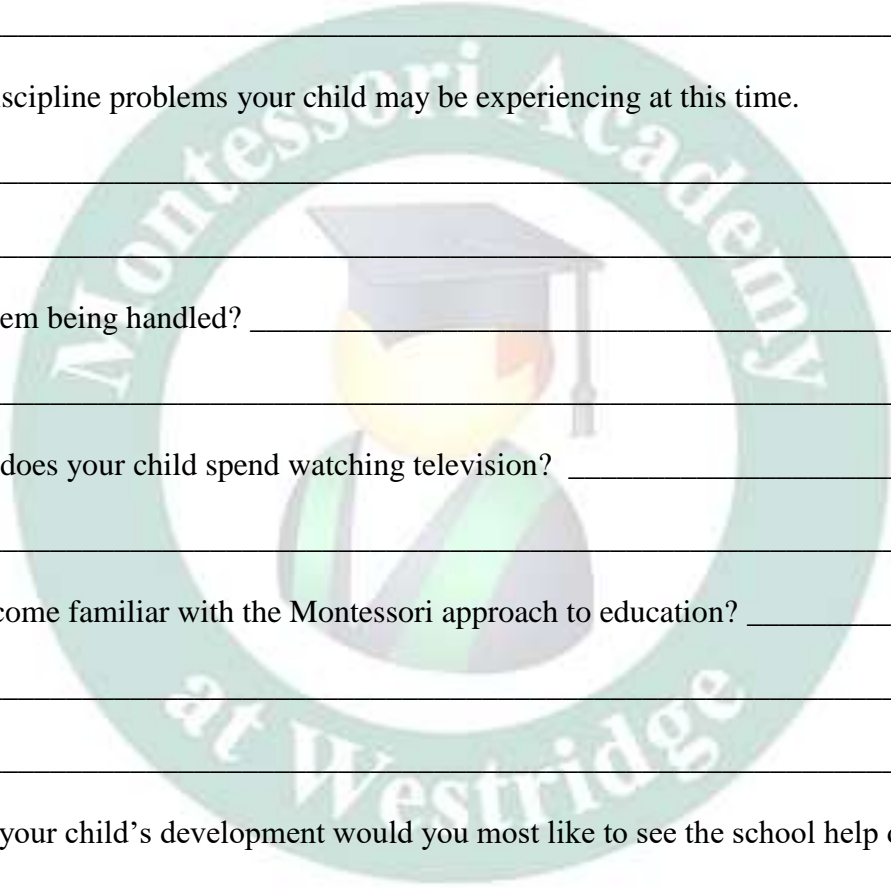
\_\_\_\_\_

9. Until what grade do you intent to keep your child in Montessori?

\_\_\_\_\_

10. How did you hear about Montessori Academy at Westridge?

\_\_\_\_\_



\_\_\_\_ (Initial) I understand that the \$100 application fee and annual registration/supply fee are non-refundable and not-transferable.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**AUTHORIZATIONS:** Please circle one answer in each statement.

1. Permission **is** or **is not** given for photographs, movies or videotapes of \_\_\_\_\_, to be used for publicity purposes. (Web site, brochures, etc.)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

2. Permission **is** or **is not** given for, \_\_\_\_\_, to participate in water activities planned by Montessori Academy at Westridge.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

3. Permission **is** or **is not** given for, \_\_\_\_\_, to be transported on field trips planned by Montessori Academy at Westridge.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name: \_\_\_\_\_ (Parent or Legal Guardian)

Signed: \_\_\_\_\_ (Parent or Legal Guardian)

Date: \_\_\_\_\_

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