

Student's Name _____ Date _____

Avon Montessori Academy Application

(Due with \$100 Application Fee Upon Child's Initial Visit)



Circle the Program you are interested in:

Toddlers (18 months-3 ½ years): 2 Day, 3 Day, 5 Day; ½ Day or Full Day

Children's House (2 ½ -6 years): a.m., p.m., or full day

Kindergarten

Elementary

Parents Names _____ Email _____

Address _____ Phone _____

Child's Birthday _____ Sibling's Names & Ages _____

What do you know about Montessori?

Briefly tell us a little about your child's history, focusing on significant events that have shaped your child's character/personality.

What was your favorite school and/or teacher experience? Why?

What was your worst school and/or teacher experience? Why?

Tell us about your dreams for your child's future.

What form of communication do you prefer? (phone calls, emails, or face to face communication)

Describe your relationship with your child.

What is your child's favorite food?

What is your child's normal diet?

What medications and/or supplements does your child take?

What is your child's bedtime routine and morning routine?

What extra curricular activities is your child involved in?

What motivates your child?

How do you discipline your child?

What does your family like to do in your spare time?

How often do you read to your child? What types of books do you read to them?

How often does your child read? What types of books does he or she read?

How much "screen time" does your child have per week? (T.V., computer, video games, ipad, etc.) Explain.

Does your child have any allergies or health issues that we should be aware of?

Does your child have any learning difficulties? (IEP's, PPT's, evaluations or testing)

Does your child have any behavior or social difficulties? (therapy of any kind)

What goals would you like to see accomplished with having your child in a Montessori Program?

Are you interested in volunteering, being a guest speaker or teaching an After School Activity?

How did you hear about us?

Where was your child before Avon Montessori Academy?

(School, Nanny, or Babysitter's Name and Address for AMA Formal Recommendation Form to be sent)

*Please attach copies of any progress reports, evaluations, report cards, therapy reports, IEP's, PPT's, information release forms and contact information of prior teachers, doctors, and therapists. This is due when you arrive for your child's classroom visitation.

Parent or Guardian's Signature _____ Date _____