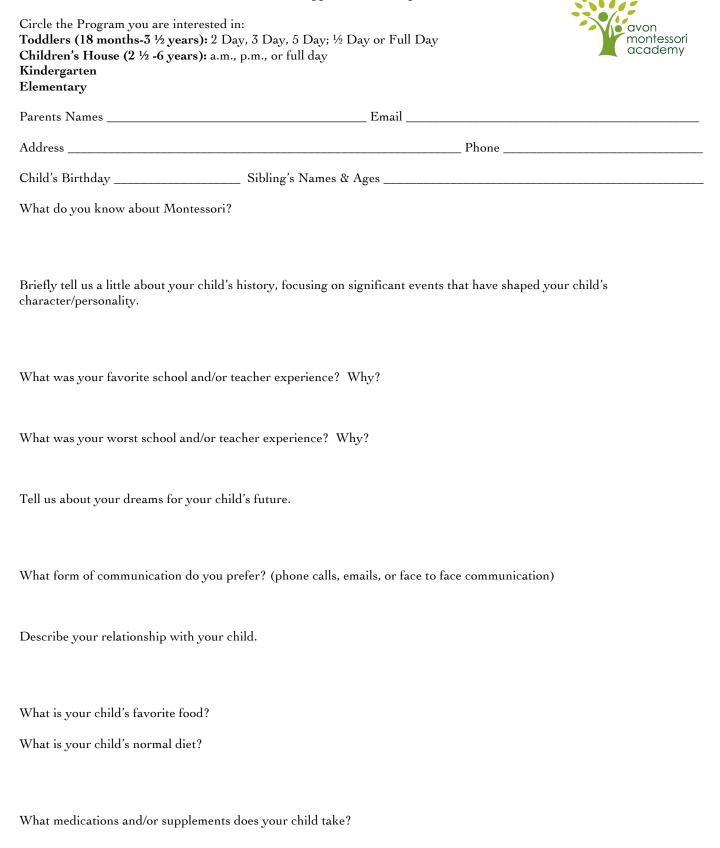
Student's Name	Date

Avon Montessori Academy Application

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



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

What extra	curricular activities is your child involved in?
What motiv	ates your child?
How do you	discipline your child?
What does y	our family like to do in your spare time?
How often o	o you read to your child? What types of books do you read to them?
How often o	oes 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 c	hild have any allergies or health issues that we should be aware of?
Does your c	hild have any learning difficulties? (IEP's, PPT's, evaluations or testing)
Does your c	hild 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 inte	rested in volunteering, being a guest speaker or teaching an After School Activity?
How did yo	ı hear about us?
	your child before Avon Montessori Academy? nny, or Babysitter's Name and Address for AMA Formal Recommendation Form to be sent)
	ch copies of any progress reports, evaluations, report cards, therapy reports, IEP's, PPT's, information releas information of prior teachers, doctors, and therapists. This is due when you arrive for your child's classroom
Parent or G	uardian's Signature Date