

**Student Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
*Name to be used in the classroom and on materials (if different)*

Race/Ethnicity:  African American / Black  Caucasian  Native American / Alaskan Native  Other (please specify)  
*(Please select all that apply or leave blank if you prefer not to answer)*  Asian  Hispanic  Native Hawaiian / Pacific Islander \_\_\_\_\_

**Family Information**

**Parent / Guardian 1**

Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent / Guardian 2 (if applicable)**

Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Siblings (if applicable)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Background and Education Information**

*Please provide us with the following information, being as specific as you can, so that we can understand your child as well as possible.*

What would you like us to know about your child? \_\_\_\_\_

Please describe any special needs your child has (ex: diet, allergies, vision, hearing, special academic or social needs).

**Background and Education Information (continued)**

Do you now or have you ever had concerns about your child's development and/or behavior? YES  NO   
*If so, please explain:* \_\_\_\_\_

Is your child cared for by anyone other than their parents on a regular basis? YES  NO   
*If so, please describe who else regularly provides care:* \_\_\_\_\_

Has your child attended another school or a childcare facility? YES  NO   
*If so, please provide dates, names and location(s) of school(s) attended:* \_\_\_\_\_

Why have you chosen Montessori for your child? \_\_\_\_\_  
\_\_\_\_\_

What specific goals, if any, do you have for your child in a Montessori class? \_\_\_\_\_  
\_\_\_\_\_

Are you a returning family to Montessori Center Room (MCR)? YES  NO

How did you learn about MCR? \_\_\_\_\_

**Parent/Guardian Signature and Agreements**

*I understand that my child must be toilet trained by the first day of school (date of enrollment).  
I certify that my answers are true and complete to the best of my knowledge.*

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