

Redeemer Montessori School

Admission Application Form

Level: _____ Primary (3 – 6 years) _____ Lower Elementary (1st – 3rd grade)
_____ Upper Elementary (4th – 6th grade)

Program: _____ Half Day _____ Extended Day _____ Before School _____ After School

Student Information:

Child's name (last) (first) (middle) (called)

Child's birth date (age) Gender

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

Sleeping Habits: _____ falls asleep easily _____ falls asleep with difficulty
 _____ difficulty sleeping through night _____ difficulty waking

How does your child appear in his/her movements: _____ coordinated or _____ uncoordinated

Check all that pertain to your child:

____ Allergies Please Note: _____

____ Daily Medication 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? _____

Family Information:

Child lives with: ___Both ___Mother ___Father

_____ **Father's Name**

_____ E-Mail Address (*internal use only*)

_____ Home Phone

_____ Other Phone

_____ Street Address

_____ City, State, Zip

_____ Employer/Occupation

_____ Work Phone

_____ **Mother's Name**

_____ E-Mail Address (*internal use only*)

_____ Home Phone

_____ Other Phone

_____ Street Address

_____ City, State, Zip

_____ Employer/Occupation

_____ Work Phone

Who is responsible for child's tuition payment? ___Both ___Mother ___Father ___Other: _____

Sibling Names Birth Date School

Previous School Experience:

Name of Prior School:
Grade of 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 director.

Family History:

Has your child been separated from you prior to this time: ___Yes or ___No

How does he/she relate to siblings? _____

Behavior:

Please check any of the following that describe your child:

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Irritable | <input type="checkbox"/> Distractible | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Immature | <input type="checkbox"/> Active | <input type="checkbox"/> Empathetic |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Sad | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Teary | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Perseveres |
| <input type="checkbox"/> Adventurous | <input type="checkbox"/> Patient | <input type="checkbox"/> Bossy | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Friendly | <input type="checkbox"/> Finicky | <input type="checkbox"/> Unmotivated |

Who, beside yourself, is entrusted with the care of your child? _____

How much time does your child spend with other children? _____

How does your child respond to groups? _____

Is your child involved in any activities outside of school? ___Yes or ___No If yes, list.

What activities does your child particularly enjoy? _____

Language development:

What is your child's first language? _____ Second language? _____

Does your child use language to express him/herself? ___Yes or ___No

Do others easily understand your child's speech? ___Yes or ___No

Parenting:

How does your child handle frustration? _____

What approach to discipline do you use? _____

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

How is the problem being handled? _____

How much time does your child spend watching television? _____

How did you become familiar with the Montessori approach to education? _____

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

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

Please return this application to Redeemer Montessori School 2700 Warren Circle, TX 75062. Subsequent to receipt of the application, an interview with parents and child will be arranged. Parents will be notified of acceptance and the registration fee of \$200.00 will be due at that time.

I acknowledge that I waive my right of access to confidential information in my son/daughter's admission file. **\$200.00 registration fee is non-refundable.**

Parent or Guardian's signature

Date