

Pebblecreek Montessori/Pebblecreek Elementary

Admission Application Form

STUDENT INFORMATION:

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

Child's Birth Date: _____ ___ Boy ___ Girl

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 (8:00 - 12:00) ___ School Day (8:00 - 3:00 *6yrs. and younger)
___ School Day (8:15 to 3:15 *for elementary only) ___ Full Day (7:00 am - 6:00 pm)

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 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: _____

___ 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? _____

FAMILY INFORMATION:

Child lives with: _____Both _____Mother _____Father

Mother's Name

Home Phone

Street Address

City, State, Zip

Employer

Work P hone

Occupation

Cell Phone

Email: _____

Father's Name

Home Phone

Street Address

City, State, Zip

Employer

Work phone

Occupation

Cell Phone

Email: _____

Who is responsible for child's tuition payment?

____Both _____Mother _____Father _____Other: _____

Siblings Names

Birth Date

School

EMERGENCY CONTACT in case parents/guardian cannot be reached

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

Name

Phone Number

Name

Phone Number

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.

FAMILY HISTORY:

Has your child been separated from you prior to this time: _____ Yes _____ No

How does he/she relate to siblings? _____

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 Pebblecreek?

 11. 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.
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_____ (initial) I acknowledge that I waive my right of access to confidential information in my son/daughter's admission file.

_____ (initial) I understand that the \$100 application fee and the annual registration/supply fee are non-refundable and non-transferable.

Parent Signature

Date

AUTHORIZATIONS: Please circle one answer in each statement.

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

Permission **is** or **is not** given for, _____, to participate in water activities planned by Pebblecreek Montessori.

Parent or Guardian's Signature

Date

Permission **is** or **is not** given for, _____, to be transported on field trips planned by Pebblecreek Montessori.

Parent or Guardian's Signature

Date

