McDonald Montessori Application

Child's Full Name _____
Last First Middle

Birthdate _____ Sex: M__ F __ Nickname _____

Mailing address _____
Street City Zip

Telephone _____
Primary Secondary

E-mail _____

Mother's Name _____

Mother's Employer _____

Employer Address _____

Work telephone(s) _____

Father's Name _____

Father's Employer _____

Employer Address _____

Work telephone(s) _____

Siblings and their ages _____

_____

How did you hear about McDonald Montessori? _____

Has your child been in a school setting before? If so, where? _____

What is your experience with Montessori Education? _____

What are your child's greatest strengths? _____

_____

What type of activities does your child enjoy? _____

_____

How does your family spend time together? _____

_____

How do you discipline your child? _____

_____

Please describe any special educational, physical or emotional needs of your child. _____

_____

Please describe any hearing or vision problems your child may have. _____

Please describe any allergies your child may have. _____