

# McDonald MONTESSORI APPLICATION

Child's Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Child's Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Child's sex \_\_\_\_ Child's Nickname \_\_\_\_\_

Mailing address \_\_\_\_\_  
(Street) (City) (Zip code)

Phone Number \_\_\_\_\_  
(Home) (Cell)

E-mail \_\_\_\_\_

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**PARENT'S INFORMATION**

Parent's Name \_\_\_\_\_

Employer \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (Work Phone) (Cell Phone)

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**PARENT'S INFORMATION**

Parent's Name \_\_\_\_\_

Employer \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (Work Phone) (Cell Phone)

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**SIBLINGS AND THEIR AGES**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\* A \$50.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.

4200 Granby Street Norfolk, Virginia 23504 Phone 757.423.1800 Fax 757.423.1800

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**TELL US ABOUT YOUR CHILD**

Has your child been in a school setting before? Where?

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What is your experience with Montessori Education?

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What are your child's greatest strengths?

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What type of activities does your child enjoy?

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How does your family spend time together?

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How do you discipline your child?

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Are there any special educational, physical or emotional needs of your child? Please explain.

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Does your child have any hearing or vision problems of which we should be aware?  
Please explain.

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Are there any heredity linked educational issues in your family (for example, color blindness, dyslexia, etc.)

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**Does your child have any allergies of which we should be aware?**

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