Zen Montessori Application

I. (ild's name:	
Date	f BirthMale Female Intended start date	
Pare	s	
Addı	ss	
Cell	one and E-mail	
Chile	en's House (2 - 6 year olds)	
<u></u> 5	ornings 9am - noon \$600/month 5 School Days 9am - 3:30pm \$1050month	
8	- 9am \$100/month Interested in a violin program (paid to violin instructor) \$150/month use school instrument	
II. G	ing to know your child and your family:	
Othe	children in the family, name(s) and age(s)	
Wha	your child's previous early childhood care experience? (at home, daycare, nanny, school, etc.)	
Pleas	list your child's interests, strengths and unique characteristics?	
Wha	re your hopes and dreams and expectations for your child, while in our care and beyond?	
	your philosophy on "screen time" (television, videos, computer)? How much screen time does your ch och day/week?	ild
	a brief description of your child's eating, sleeping and communicating habits. Does your child take an on nap? We would also like to know effective methods of comforting your child.	
Does	our child have toileting accidents? How often? When are they most likely to occur?	
Pleas	tell us anything else you would like us to know about your child (allergies, foreign languages spoken, e	tc).
	ollment details: Application fee is \$10 paid to Zen Montessori at a time of submitting this form. The (\$600) upon acceptance is applied to the first month tuition.)
Pare	GuardianDate	