

# Little Hands at Work Application Form

Thank you for starting your Montessori journey with us!

*\* Indicates required question*

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1. Email \*

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Welcome

Welcome to our Introduction to Montessori classes! We're excited to help you discover the world of Montessori education and its benefits for your child. Your willingness to learn is a great step toward fostering your child's growth. Please take a moment to answer the following questions so that we can better understand your family.

2. Location \*

*Mark only one oval.*

- ☐ Manly (North Head Manly Farmhouse Montessori School)
- ☐ Forestville (Forestville Montessori School)

3. I am attending \*

*Tick all that apply.*

- ☐ Nido (4 months - 14 months non walking babies)
- ☐ Toddler (14 months - 24 months)
- ☐ Young Children ( 2 - 3 years)

## 4. Prior Knowledge \*

*Mark only one oval.*

- ☐ I have some basic knowledge about Montessori education.
- ☐ I have heard of Montessori but would like to know more.
- ☐ I have no previous knowledge about Montessori.

## 5. What do you hope to gain from these classes? (Feel free to elaborate) \*

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## 6. Parental Involvement \*

*Mark only one oval.*

- ☐ I am eager to actively participate and engage in the learning process.
- ☐ I am open to learning and trying new approaches, but might need guidance.
- ☐ I'm unsure how much I can commit to implementing Montessori practices.

## 7. Do you have any concerns or challenges related to adopting Montessori principles at home? \*

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## 8. Areas of Interest \*

*Tick all that apply.*

- ☐ Creating a prepared environment
- ☐ Encouraging independence
- ☐ Supporting sensory development
- ☐ Nurturing language and communication skills
- ☐ Fostering motor skills and movement
- ☐ Embracing the Montessori philosophy in daily routines

## 9. Please share any other thoughts, questions, or preferences you have regarding the classes. \*

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## 10. Child's Full Name \*

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## 11. Date of Birth \*

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*Example: 7 January 2019*

## 12. Home Address \*

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## 13. Parent's Name \*

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14. Parent's Email Add \*

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15. Mobile Number : \*

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16. Has your child attended another Montessori school or has any siblings who have previously/currently attending a Montessori school \*

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17. Any known allergies? \*

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*Skip to section 3 (PAYMENT)*

## **PAYMENT**

### **BANK TRANSFER**

*Anniebelle Vergel de Dios*

*BSB: 082-057*

*Account Number: 92 – 143- 0208*

*Reference : Child's Name*

**PayID**

**61 434133665**

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