



APPLICATION FOR ENROLLMENT

Please choose the program that your child will be enrolled in for the 2021-2022 School Year.

- _____ Preschool Program 5 days 8:30-11:30
- _____ Preschool Program 3 year olds only- 3 days/ Tues-Thurs. 8:30-11:30
- _____ Preschool Program 5 days 8:30-2:30
- _____ Kindergarten Program 5 days -8:30-2:30
- _____ Early arrival 8:00am
- _____ Extended Care 5 days to 4:00

I UNDERSTAND THAT MY CHILD _____ IS ENROLLED AS A STUDENT AT THE BEDFORD MONTESSORI SCHOOL FOR THE ACADEMIC YEAR _____ TO _____.

CHILD'S NAME (FIRST, MIDDLE, LAST)

_____ D.O.B _____

SEX - F M

PARENT INFORMATION/GUARDIAN

NAME _____	NAME _____
OCCUPATION _____	OCCUPATION _____
BUSINESS PHONE _____	BUSINESS PHONE _____
HOME ADDRESS _____	HOME ADDRESS _____
_____	_____
HOME PHONE _____	HOME PHONE _____
CELL# _____	CELL# _____
EMAIL _____	EMAIL _____

SIBLINGS -
NAME

AGE

SEX

CHILD'S PHYSICIAN – (NAME, ADDRESS, PHONE #)

PHONE # _____

EMERGENCY CONTACT PERSON – NAME _____

CELL# _____

RELATIONSHIP TO CHILD _____ ADDRESS _____

ALTERNATE PICK – UP PERSON – NAME _____

CELL# _____

RELATIONSHIP TO CHILD _____ ADDRESS _____

PLEASE LIST YOUR CHILD'S PREVIOUS SCHOOL EXPERIENCE _____

YOUR CHILD'S PRESENT GENERAL HEALTH STATUS (PLEASE DESCRIBE ANY ALLERGIES)

LIST ANY PREVIOUS GROUP EXPERIENCES (AND YOUR CHILD'S REACTIONS).

PLEASE INDICATE ANY BEHAVIORAL CONCERNS WITH YOUR CHILD THAT WE SHOULD KNOW ABOUT.

WHAT FORMS OF DISCIPLINE HAVE YOU FOUND TO BE MOST EFFECTIVE WITH YOUR CHILD? (WHAT REWARDS ARE USED IF ANY?)

WHY DID YOU CHOOSE THE BEDFORD MONTESSORI SCHOOL? (WHAT DO YOU HOPE YOUR CHILD WILL LEARN OR GAIN FROM HER EXPERIENCE? WHAT DO YOU EXPECT OR HOPE THE SCHOOL CAN DO FOR YOU?)

WE WOULD APPRECIATE IF YOU WOULD TAKE THE TIME TO ANSWER THE FOLLOWING QUESTIONS. ALL INFORMATION IS CONFIDENTIAL AND VOLUNTARY.

EACH CHILD IS UNIQUE AND KNOWING SOMETHING ABOUT HIS /HER ACTIVITIES, INTERESTS, HABITS, AND HISTORY HELP THE TEACHERS TO BETTER UNDERSTAND AND SERVE YOUR CHILD'S NEEDS. THANK YOU FOR YOUR COOPERATION.

WHICH PLAY MATERIALS (TOYS) DOES YOUR CHILD USE MOST FREQUENTLY?

WHICH TV PROGRAMS DOES YOUR CHILD WATCH? HOW MANY HOURS PER WEEK?

OTHER INTERESTS OR ACTIVITIES?

DOES YOUR CHILD INITIATE HIS/HER OWN ACTIVITIES? (RARELY, SOMETIMES, OFTEN)

DOES YOUR CHILD PARTICIPATE IN DRESSING? CAN HE/SHE BUTTON? _____ ZIPPER _____

TIE? _____ PUT ON A COAT? _____

DOES HE/ SHE NEED HELP GOING TO THE BATHROOM? IN WHAT WAY?

DOES YOUR CHILD PLAY ALONE? (ALWAYS, OFTEN, SELDOM, NEVER) DOES YOUR CHILD ENJOY PLAYING ALONE?

LIST ANY FEARS YOUR CHILD HAS

HOW MUCH SLEEP DOES YOUR CHILD GET AT NIGHT? _____

DOES YOUR CHILD NAP? _____ FOR HOW LONG? _____

IS YOUR CHILD A GOOD EATER? WHAT FOODS DO THEY LIKE AND DISLIKE?

WHAT EFFECT DO OTHER CHILDREN HAVE ON YOUR CHILD? DO THEY BECOME OVER STIMULATED OR DO THEY MAINTAIN SELF CONTROL? MAKE THEM SHY OR RESERVED?)

DO THEY LEAD IN PLAY OR FOLLOW?

PLEASE LIST ANYTHING ELSE YOU THINK WOULD BE HELPFUL TO US IN UNDERSTANDING AND AIDING THE DEVELOPMENT OF YOUR CHILD.

