

Zen Montessori Application

I. Child's name: _____

Date of Birth _____ Male ☐ Female ☐ Intended start date _____

Parents _____

Address _____

Cell Phone and E-mail _____

Children's House (2 - 6 year olds)

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5 Mornings 9am - noon \$1000/month includes violin instruction

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5 School Days 9am - 3:30pm \$1400 month includes violin instruction

II. Getting to know your child and your family:

Other children in the family, name(s) and age(s)

What is your child's previous early childhood care experience? (at home, daycare, nanny, school, etc.)

Please list your child's interests, strengths and unique characteristics?

What are your hopes and dreams and expectations for your child, while in our care and beyond?

What is your philosophy on "screen time" (television, videos, computer)? How much screen time does your child have each day/week?

Provide a brief description of your child's eating, sleeping and communicating habits. Does your child take an afternoon nap? We would also like to know effective methods of comforting your child.

Does your child have toileting accidents? How often? When are they most likely to occur?

Please tell us anything else you would like us to know about your child (allergies, foreign languages spoken, etc).

III. Enrollment details: The deposit (\$600) upon acceptance is applied to the first month tuition.

Parent/ Guardian _____ Date _____