



Montessori Children's House

175 Gatzmer Avenue
Jamesburg, NJ 08831

364 Georges Road
Dayton, NJ 08810

PRESCHOOL/KINDERGARTEN

Application For Enrollment
Confidential

Date Filed _____

Present Age of Child _____

School Year _____

NAME _____ SEX _____ DATE BORN _____

HOME ADDRESS _____ TOWN/ZIP _____ PHONE _____

FATHER'S NAME _____ RELIGION _____ WORK PHONE _____

NAME OF FIRM _____ ADDRESS _____ OCCUPATION _____

MOTHER'S NAME _____ RELIGION _____ WORK PHONE _____

NAME OF FIRM _____ ADDRESS _____ OCCUPATION _____

PHYSICIAN _____ ADDRESS _____ PHONE _____

NAME AND BIRTHDATES OF SIBLINGS _____

IS THE CHILD ADOPTED? _____ ARE THE PARENTS DIVORCED? _____ SEPARATED _____

WHO CARES FOR THE CHILD (OTHER THAN PARENTS) AND HOW OFTEN? _____

WAS THE CHILD A FULL TERM BABY? _____

NORMAL DELIVERY? _____ WHEN DID HE FIRST CRAWL? _____

AT WHAT AGE DID HE WALK? _____ TALK? _____

DESCRIBE YOUR CHILD'S LANGUAGE FACILITY _____

DESCRIBE THE CHILD'S SLEEP PATTERN _____

DOES YOUR CHILD NAP? _____ IS YOUR CHILD TOILET TRAINED? _____

WHAT IS THE CHILD'S USUAL BEHAVIOR? _____

MISBEHAVIOR? _____

HOW IS THE CHILD DISCIPLINED? By: REASONING _____ RESTRICTION _____ ISOLATION _____ IGNORING _____

PROMISES _____ COMPARISON WITH OTHERS _____ REPROACH _____ SCOLDING _____ DISTRACTION _____

SPANKING _____ OTHER METHOD _____

WHAT TECHNIQUES DOES YOUR CHILD USE TO ADAPT TO A NEW SITUATION? _____

HOW DOES YOUR CHILD EXPRESS ANGER? _____

HOW DOES YOUR CHILD REACT UNDER STRESS? _____

WITH WHAT AGE CHILDREN DOES YOUR CHILD PLAY? _____

DOES YOUR CHILD, AT THIS TIME, TEND TO IMITATE OR LEAD IN PLAY SITUATIONS? _____

DOES YOUR CHILD EXHIBIT A DESIRE FOR INDEPENDENCE? _____

WHAT CAN YOUR CHILD DO FOR HIMSELF? _____

WHAT SORT OF ACTIVITIES DOES YOUR CHILD ENGAGE IN AT HOME? _____

WHICH ACTIVITIES OR OBJECTS SEEM TO HOLD YOUR CHILD'S INTEREST FOR THE LONGEST PERIOD OF TIME? _____

HOW MUCH TELEVISION DOES YOUR CHILD WATCH EACH DAY (HOURS) _____

DOES YOUR CHILD HAVE FAVORITE PROGRAMS? _____

HOW DID YOU BECOME INTERESTED IN MONTESSORI? _____

WHAT HAVE YOU READ ABOUT THE MONTESSORI METHOD? _____

HOW DID YOU HEAR ABOUT CHILDREN'S HOUSE? _____

WHAT ARE YOUR GOALS AND DESIRES FOR YOUR CHILD IN HIS EXPERIENCE AT CHILDREN'S HOUSE? _____

ARE BOTH PARENTS IN AGREEMENT ABOUT MONTESSORI? _____

DO EXPECT YOUR CHILD TO REACH A CERTAIN LEVEL AT THIS SCHOOL? _____

TO FILE THIS APPLICATION, MAIL IT WITH A \$50.00, NON REFUNDABLE APPLICATION FEE TO PATRICIA FAMA, AT THE SCHOOL.

WHEN THIS FORM IS ON FILE, YOU WILL BE CONTACTED FOR AN APPOINTMENT, SO WE CAN MEET WITH YOU AND YOUR CHILD.

THANK YOU FOR YOUR INTEREST IN THE CHILDREN'S HOUSE AND THE MONTESSORI METHOD

PARENT'S SIGNATURE DATE