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## Application

A \$50.00 non-refundable application fee must accompany this form. This application is valid for one year only.

Child's Name: \_\_\_\_\_ 8:30-11:30 Class \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ 9:30-12:30 Class \_\_\_\_\_

Age on September 1st: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Previous School Experience: Montessori \_\_\_ Preschool/Daycare \_\_\_ Play Group \_\_\_

Name of Facility: \_\_\_\_\_

From what source did you learn of WMS? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Add. & Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Add. & Phone: \_\_\_\_\_

Sibling's Names & Ages: \_\_\_\_\_

### Identifying Information: (Required by MA Office for Child Care Services)

Eye Color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, physical impairments, chronic health conditions, restrictions, limitations, or concerns.

The Westwood Montessori School has a non-discriminatory policy relative to race, color, cultural heritage, national origin, sexual orientation, religious and political beliefs, marital status and disability, with respect to the admission of students and the employment of faculty and administrative staff.

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Parent Signature

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Date

## Developmental History and Background Information

Massachusetts state regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Developmental History:**

Age began sitting: \_\_\_\_\_ Crawling: \_\_\_\_\_ Walking: \_\_\_\_\_ Talking: \_\_\_\_\_

Any speech difficulties: \_\_\_\_\_

Special words to describe needs: \_\_\_\_\_

### **Health**

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

Allergies, i.e. asthma, hayfever, insect bites, medicines, food reactions: \_\_\_\_\_

Regular medications: \_\_\_\_\_

### **Eating Habits**

Special characteristics or difficulties: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

Child eats with: \_\_\_ hands \_\_\_ spoon \_\_\_ fork

### **Toilet Habits**

How does your child indicate bathroom needs (include any special words): \_\_\_\_\_

Is child ever reluctant to use the bathroom? \_\_\_\_\_

Does the child have accidents? \_\_\_\_\_

### **Sleep Habits**

Does your child become tired or nap during the day (include when and for how long)? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

Get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood waking, etc.) \_\_\_\_\_

