



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.

Parent Signature

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.) _____

Social Relationships

How would you describe your child? _____

Previous experience with other children/child care: _____

Reaction to strangers: _____

Able to play alone: _____

Favorite toys and activities: _____

Fears (darkness, animals, etc.): _____

How do you comfort your child? _____

How do you discipline your child? _____

Your child's schedule on a typical day: _____

What would you like your child to gain from the Montessori experience?

Is there anything else you would like us to know about your child?

Extended Day Program

Would you be interested in our extended day program? Our program is available Monday-Friday, pick up times are 3:00 or 5:00 _____

Signature of Parent or Guardian

Date

Office Use Only

Date application was received _____

Date of interview _____

Date of enrollment _____

