

**CAROLINA MONTESSORI ACADEMY
1524 MT. HOLLY-HUNTERSVILLE RD
CHARLOTTE, NC 28214**

APPLICATION FOR ADMISSION

CHILD'S FULL NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____

HOW LONG DO YOU PLAN FOR YOUR CHILD TO ATTEND? _____

WHEN DO YOU WISH YOUR CHILD TO ENTER THE SCHOOL? _____

PREVIOUS SCHOOL EXPERIENCE:

PLEASE LIST THE NAME(S) AND ADDRESS(ES) OF PREVIOUS SCHOOL(S) ATTENDED.
(INCLUDE ART, MUSIC, EXPERIENCES, PLAYGROUPS, ETC.)

NAME: _____ DAYS ATTENDED: _____

NAME: _____ DAYS ATTENDED: _____

* PLEASE HAVE ALL RECORDS, IF AVAILABLE, SENT TO THE CAROLINA MONTESSORI
ACADEMY AT THE ABOVE ADDRESS.

HEALTH:

GENERAL STATEMENT OF CHILD'S PHYSICAL HEALTH (INCLUDE ALLERGIES, PHYSICAL
DISABILITIES, ASTHMA, DIFFICULTY WITH SIGHT, SPEECH, HEARING, ETC.)

HISTORY OF ALL COMMUNICABLE AND CHILDHOOD DISEASES, SERIOUS ACCIDENT OR
ILLNESS, HOSPITALIZATION, ETC.: _____

HAS THE CHILD HAD AN EAR INFECTION AT AN EARLY AGE?

IF SO, HOW MANY? _____ CHILD'S DOCTOR? _____

PHONE NUMBER: _____

PLEASE HAVE ANY EXISTING REPORTS FROM PROFESSIONALS (DOCTOR'S,
PSYCHOLOGIST, LEARNING DISABLED SPECIALISTS, ETC.)
SENT TO CAROLINA MONTESSORI ACADEMY AT THE ABOVE ADDRESS.

BACKGROUND INFORMATION:

IT WOULD BE HELPFUL TO THE STAFF, IF YOU WOULD TAKE THE TIME TO ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD AND HIS/HER FAMILY. EACH CHILD IS UNIQUE AND KNOWING SOMETHING ABOUT HIS/HER FAMILY SITUATION, INTERESTS, ACTIVITIES, ETC. WILL HELP THE TEACHERS TO BETTER UNDERSTAND AND SERVE THE CHILD'S NEEDS. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

FATHER'S FULL NAME: _____ POSITION: _____

HOME ADDRESS: _____ HOME PHONE: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

DESCRIPTION OF WORK: _____

MOTHER'S FULL NAME: _____ POSITION: _____

HOME ADDRESS: _____ HOME PHONE _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

DESCRIPTION OF WORK: _____

AGE OF CHILD WHEN PARENTS SEPARATED OR DIVORCED? _____

IF SO, PLEASE ANSWER:

WITH WHOM DOES THE CHILD LIVE? _____ WHO IS LEGAL GUARDIAN? _____

TO WHOM SHOULD BILLS BE SENT? _____ TO WHOM MAILINGS? _____

ARE THERE OTHER ADULTS LIVING IN THE HOME? _____

NAME: _____ AGE: ____ RELATIONSHIP: _____

NAME AND ADDRESS OF GRANDPARENTS (FOR MAILINGS):

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

LIST OTHER MEMBERS IN THE FAMILY GROUP (SIBLINGS, ETC.)

NAME: _____ SEX: _____ BIRTHDAY: _____

NAME: _____ SEX: _____ BIRTHDAY: _____

NAME: _____ SEX: _____ BIRTHDAY: _____

DO YOU HAVE A SPECIAL TIME FOR FAMILY ACTIVITIES?
(VACATIONS, HOLIDAYS, WEEKENDS, ETC.)

DO YOU SPEND ANY TIME SPECIFICALLY AND EXCLUSIVELY WITH YOUR
CHILD EACH DAY? ____ IF SO WHEN IS HIS/HER SPECIAL TIME WITH YOU?

DOES YOUR CHILD INITIATE HIS/HER OWN ACTIVITIES? _____
DOES YOUR CHILD PLAY ALONE? _____ DOES HE/SHE ENJOY PLAYING ALONE? _____

DOES HE/SHE PLAY WITH FRIENDS REGULARLY? _____ WHAT ARE THE AGES? _____

WHAT ARE YOUR CHILD'S FAVORITE PLAY ACTIVITIES? _____

CHILD'S SPECIAL INTERESTS? (INCLUDE SKILLS, EXPERIENCES, LANGUAGES, ETC.) _____

WHAT TELEVISION PROGRAMS DOES YOUR CHILD ENJOY? _____

DESCRIBE BRIEFLY WHAT AN AVERAGE DAY IS LIKE FOR YOUR CHILD: _____

DOES YOUR CHILD FALL ASLEEP EASILY? _____ DOES YOUR CHILD NAP? _____

HOW MUCH SLEEP DOES YOUR CHILD GET AT NIGHT? _____ WHAT DO YOU DO IF
HE/SHE HAS TROUBLE SLEEPING? _____

DOES YOUR CHILD NEED HELP GOING TO THE BATHROOM? _____

DOES YOUR CHILD PARTICIPATE IN HIS/HER OWN DRESSING? _____

WHAT DO YOU CONSIDER TO BE YOUR CHILD'S PREDOMINATE CHARACTERISTICS?

WHO DISCIPLINES YOUR CHILD? _____ WHAT TYPE OF CORRECTIONS HAVE YOU
USED, AND WHAT SEEMS MOST EFFECTIVE WITH YOUR CHILD?

HOW DOES YOUR CHILD REACT TO CORRECTION? _____

HOW DOES YOUR CHILD ACT WHEN ILL? _____

HOW DOES YOUR CHILD ACT WHEN HURT? _____

HOW DOES YOUR CHILD ACT WHEN ANGRY? _____

WHAT ARE SOME OF THE GROUND RULES AT HOME TO WHICH YOUR CHILD MUST
ADHERE? _____

PLEASE LIST ANY COMPLICATIONS OF PREGNANCY OR BIRTH WITH YOUR CHILD.

HAVE ANY FAMILY MEMBERS HAD PROBLEMS IN SCHOOL? _____

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

MONTESSORI INFORMATION:

HOW DID YOU BECOME INTERESTED IN OUR SCHOOL? _____

HAVE YOU READ BOOKS OR ARTICLES ON MONTESSORI EDUCATION? _____

NAME: _____

HAVE YOU ATTENDED TALKS ON MONTESSORI METHOD? _____

HAVE YOU OBSERVED A MONTESSORI CLASS IN SESSION? _____

WHEN AND WHERE? _____

WHY DO YOU WANT YOUR CHILD TO ATTEND A MONTESSORI SCHOOL? _____

WHAT DO YOU EXPECT FOR YOUR CHILD TO GAIN WHILE ATTENDING CAROLINA MONTESSORI ACADEMY? _____

** AN APPLICATION FEE OF \$50 MUST ACCOMPANY THIS APPLICATION AND IS NONREFUNDABLE SUBSEQUENT TO THE RECEIPT OF THIS APPLICATION, AN INFORMAL INTERVIEW WITH YOU AND YOUR CHILD BY A MONTESSORI DIRECTRESS WILL BE ARRANGED. AFTER THE INTERVIEW, YOU WILL BE NOTIFIED OF ACCEPTANCE AND WHEN YOUR CHILD MAY BEGIN CLASS. THE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, NATIONAL OR ETHNIC ORIGIN IN ANY WAY WHATSOEVER. THE CAROLINA MONTESSORI ACADEMY RESERVES THE RIGHT TO REQUEST THE WITHDRAWAL OF ANY CHILD IF IT BECOMES APPARENT IN ITS SOLE JUDGEMENT AND DISCRETION THAT IT WOULD BE IN THE BEST INTEREST OF THE CHILD AND/OR THE SCHOOL TO DO SO. PARENTS AND CHILDREN ARE EXPECTED TO WORK COOPERATIVELY WITH THE SCHOOL. PARENTS ARE ALSO EXPECTED TO ATTEND ALL PARENT EDUCATION SESSIONS OFFERED BY THE SCHOOL TO REMAIN AN INFORMED AND VITAL PARTNER. UNDERSTANDING THE ABOVE, I HEREBY APPLY FOR THE ADMISSION OF MY CHILD.

TO THE CAROLINA MONTESSORI ACADEMY AND AGREE TO ABIDE BY THE RULES AND REGULATIONS THEREOF.

SIGNATURE OF PARENT/GUARDIAN

DATE

