



## Application

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

Child's Name: \_\_\_\_\_ Session Preference: \_\_\_\_\_  
8:30 \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ 9:30 \_\_\_\_\_  
Age on September 1st: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Previous School Experience: Montessori \_\_\_\_\_ Preschool/Daycare \_\_\_\_\_ Play Group \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Future School: Public \_\_\_\_\_ Private \_\_\_\_\_

***(Preference is given to applicants committed to the three-year Montessori cycle).***

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

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

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

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

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

### **Identifying Information: Required by MA Dept of Early Education & Care**

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.

***Parents are required to sign and date below each year their child is enrolled, and make note of any changes every school year.***

|                                 |       |
|---------------------------------|-------|
| 1st Year _____                  | _____ |
| Signature of Parent or Guardian | Date  |
| 2nd Year _____                  | _____ |
| Signature of Parent or Guardian | Date  |
| 3rd Year _____                  | _____ |
| Signature of Parent or Guardian | 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?

**WMPA**

The Westwood Montessori School has a Parent Association for family activities etc.

Would you be interested in joining? \_\_\_\_\_

*Parents are required to sign and date below each year their child is enrolled, and make note of any changes every school year.*

1st Year \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_ Date

2nd Year \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_ Date

3rd Year \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_ Date

\*\*\*\*\*

**OFFICE USE ONLY**

Date application was received \_\_\_\_\_ Date of home visit \_\_\_\_\_

Date of enrollment \_\_\_\_\_

Date observed or visited \_\_\_\_\_ 8:30 or 9:30 Class

Date Attended Open House \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_