

For program use only:

Date of receipt\_\_\_\_\_ Date of first attendance\_\_\_\_\_

## The Montessori Children's Garden

### Enrollment Form

#### 1. Child's Identification

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Child's Name	Date of Birth	Sex
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Address	Zip Code	Phone Number
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If child does not go by his/her first name, what does he/she prefer to be called?

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#### 2. Child's Information

a. Other siblings in the home:

Name	Birth Date	Enrolled in Montessori
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b. Are there persons living in the home other than parents and siblings? Please explain.

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c. Does your child have any eating problems or food dislikes?

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d. How does your child interact with other children?

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e. How does your child interact with adults?

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f. How do you discipline your child?

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g. List child care experiences outside your home in which your child has participated

(for example, day care center, preschool, playgroup, in home center).

Name of Center	Type of Care	Age of Child	Dates Child Received Care	Comments (both negative and positive)
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h. Does your child have special needs (physical, intellectual, social, emotional) that the

staff should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, please expl)


i. Please give any further information which you believe will be helpful in understanding and caring for your child:

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