

It is your responsibility to ask for another copy of this form and deliver it to the School Office whenever you wish to update this information.

The Emergency Form is our direct line of communication to you when you are needed in an emergency. We thank you for remembering this and appreciate your help as we endeavor to serve you.

Emergency Contact Information: An accident or extreme illness of a student makes it necessary for school personnel to contact the parent to get permission for emergency referral. The legal responsibility for medical and transportation expense incurred on behalf of your child is a parental one. By signing this form, you authorize first aid treatment using basic first aid supplies to be provided to your child as needed. In the event that a parent or Emergency Contact cannot be reached, you give permission for the School to arrange for necessary medical care. You understand and agree that you will be financially responsible for all aspects of such emergency medical care and you indemnify and hold the School harmless for all damages, claims, and amounts paid or due in connection with such emergency medical care.

STUDENT INFORMATION

Last Name: _____ First Name: _____
Home Address: _____ City/State/Zip: _____
Home Phone: _____ Doctor: _____ Phone: _____
Hospital: _____ Phone: _____
Student health data which should be known in an emergency: _____

PARENT 1 INFORMATION

Last Name: _____ First Name: _____
Home Address: _____ City/State/Zip: _____
Place of Employment: _____ Position: _____ Work Phone: _____
Home Phone: _____ Cell Phone: _____ Fax: _____
E-mail: _____

PARENT 2 INFORMATION

Last Name: _____ First Name: _____
Home Address: _____ City/State/Zip: _____
Place of Employment: _____ Position: _____ Work Phone: _____
Home Phone: _____ Cell Phone: _____ Fax: _____
E-mail: _____

ALTERNATIVE CONTACT #1

Name: _____ Relation: _____ Phone: _____
Cell Phone: _____ Address: _____

ALTERNATIVE CONTACT #2

Name: _____ Relation: _____ Phone: _____
Cell Phone: _____ Address: _____

Release of Student Information: List below those persons authorized to take your child from School during the school day. If any person previously listed on this form is NO LONGER AUTHORIZED to take the student, please call the Campus Secretary where your child is enrolled.

PERSONS AUTHORIZED TO PICK UP STUDENT

➤ Your child will not be released to any person not listed above.

➤ A Driver’s License must be presented for authorization.

➤ It is the responsibility of the parent to inform the School of any changes in the information listed on this form.

Any additional information or comments: _____

Parent Signature: _____ Date: _____



Student Name: _____ Date of Birth: _____ Gender: _____

1) Does your child have any known allergies? [] Y [] N

If yes, list here: _____

2) Please list any special dietary or medical information necessary for management in case of an emergency:

3) Does your child exhibit any of the following behaviors (circle all that apply)?

- Afraid of new tasks/situations Constantly moving Loses temper easily
- Negative attitude Bullying Facial tics
- Stubbornness Nail biting

4) At what age did your child (please fill in the ages or "N/A" if your child hasn't performed the task as of yet):

Become toilet-trained		Say words		Say sentences		Crawl	
Walk		Tie his/her shoes		Stop drinking from a bottle		Ride a bike	

5) Please describe your child's "everyday habits" in the following areas:

Eating _____
Sleeping _____

6) Applicants with a disability who would like to request accommodations should identify themselves early in the application process. Documentation from a qualified professional is required and should either be enclosed with this application or sent directly to the Admissions Office. Auxiliary aides and services may be available on request, possibly at parent expense, if the applicant has a disability and would like to request accommodation in the admission process. Please explain here (and provide documentation):



Student Name: _____ Date of Birth: _____ Gender: _____

Parent 1 Name: _____ Parent 2 Name: _____

1) Please choose any activities in which your child regularly participates (*circle all that apply*):

- | | | | | | |
|------------|--------------|------------|----------|-----------------|----------|
| Art | Piano | Guitar | Violin | Wind instrument | Dance |
| Gymnastics | Soccer | Basketball | Football | Tennis | Swimming |
| Bicycling | Other: _____ | | | | |

2) What kinds of activities do you do with your child? _____

3) What approach to discipline do you use (*circle all that apply*)?

- | | | |
|--|----------------------|--|
| Redirecting behavior | Offering choices | Natural consequences |
| Conscious Discipline | Punishment & rewards | Explaining why the rules are what they are |
| Time out (<i>If you use time out's, how long? _____</i>) | Other: _____ | |

4) If you are changing schools, what is your reason for doing so (*check all that apply*)?

- | | | |
|---|--|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Moving | <input type="checkbox"/> Location |
| Seeking any of the following: | <input type="checkbox"/> The Montessori Method | <input type="checkbox"/> An accredited school |
| | <input type="checkbox"/> An individualized approach | <input type="checkbox"/> A multi-cultural experience |
| | <input type="checkbox"/> Bilingual educational opportunities | |
| | <input type="checkbox"/> A school that will prepare my child for the most rigorous secondary schools | |
| | <input type="checkbox"/> Other _____ | |

5) Were there any discipline issues at any previous schools? If so, please describe the issues here (*if no prior schools, write "N/A"*):

6) Has your child skipped or repeated any grade?

- Yes No If yes, what grade and was it skipped or repeated? _____



7) Why do you feel that Alexander Montessori School is an appropriate choice for your child (*check all that apply*)?

- Good fit for my child
- Good fit for our family & family values
- Great extracurricular opportunities
- Spanish immersion in Preschool/Spanish classes in Elementary
- Balance between strong academics and considering the development of the whole child

8) What are your immediate goals for your child (*circle all that apply*)?

- Socialization
- English acquisition
- Strong academic foundation
- Toilet training (for Toddlers)
- Safety
- Happiness
- Friendships
- Love of learning

9) What are your long-term goals for your child (*circle all that apply*)?

- 2nd and 3rd language learning opportunities
- Self-organization
- Love of learning
- Strong/Advanced language learning opportunities
- Self-initiative
- Friendships
- Independence
- Learning to help others
- Ability to work cooperatively

10) What would you like the Administration and Staff to know about your child (*check all that apply*)?

- Adapts easily to new situations
- Cautious about new situations and people
- My child has a strong visual learning style
- My child has a strong auditory learning style
- My child learns best when shown how to do something
- My child learns best when told how to do something
- My child learns best when s/he sees how to do something
- My child learns best when given support with a new skill
- My child learns best when given time to practice a new skill
- Other_____

9) Circle 5 words from the following list that best describe your child:

- Neat
- Playful
- Active
- Curious
- Builder
- Peaceful
- Sensitive
- Observant
- Nature-loving
- Helpful
- Methodical
- Reflective
- Artistic
- Funny
- Logical
- Talkative
- Quiet
- Reserved
- Confident
- Daring
- Organized
- Passive
- Gentle
- Cheerful
- Free-spirited
- Refined
- Social
- Timid
- Dreamer
- Enthusiastic
- Individualist
- Content
- Calm
- Determined
- Studious
- Tireless
- Responsible
- Diligent
- Contemplative

Other:_____

