

STUDENT INFORMATION

Full Name:		Nickname:	
Address:		City / State:	
Date of Birth:		Age:	Sex:
		Phone:	

PARENT INFORMATION

Parent /Guardian: Email:		Cell Phone: Work/Home Phone:	
Address:		City / State:	
Parent /Guardian: Email:		Cell Phone: Work/Home Phone:	
Address:		City / State:	

HOME ENVIRONMENT

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partners <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
What is the custody plan?		
Any unusual home situations?		
Is child adopted?	At what age?	Has child been told?
Are there other adults in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list names and role in child's life:		

SIBLING INFORMATION

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

MEDICAL INFORMATION

Child's Doctor:	Clinic:	
Address:		Phone:
Child's Dentist:	Clinic:	
Address:		Phone:
List any known dietary or medical needs:		

My child has an allergy (all allergies must be documented with an Individual Child Care Program Plan) – this must be completed before your child can attend.

My child has an Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP) – Please furnish a copy of this plan to the director before your child's first day.

EMOTIONAL BEHAVIOR

Behavior characteristics: <input type="checkbox"/> Calm <input type="checkbox"/> Excitable <input type="checkbox"/> Whining <input type="checkbox"/> Easily angered <input type="checkbox"/> Crying <input type="checkbox"/> Happy <input type="checkbox"/> Cheerful <input type="checkbox"/> Stubborn <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent <input type="checkbox"/> Quiet <input type="checkbox"/> Active <input type="checkbox"/> Fights often <input type="checkbox"/> Gives in easily <input type="checkbox"/> Wants own way <input type="checkbox"/> Temper tantrums <input type="checkbox"/> Other (please describe)
Which is most difficult to deal with?
Fears, If Any:
Type of home discipline by Parent / Guardian:

SOCIAL DEVELOPMENT

Has child had any previous group experience? (when & where)	
Does child have any neighborhood playmates?	Ages:
Social behavior: <input type="checkbox"/> Shy <input type="checkbox"/> Friendly <input type="checkbox"/> Cautious <input type="checkbox"/> Outgoing <input type="checkbox"/> Other (please describe)	
Favorite play activities or interests:	
Areas in which you would like Evergreen to help your child develop:	

PHYSICAL DEVELOPMENT (to be completed for children under 36 months at time of enrollment)

Description of eating habits:
Description of sleeping habits:
Is your child toilet trained? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Mastered <input type="checkbox"/> Occasional Accidents <input type="checkbox"/> Just starting <input type="checkbox"/> Other
Communication habits/methods:
Effective methods for comforting your child:

ENROLLMENT INFORMATION

Starting Date:
Days Attending: <input type="checkbox"/> 3 days <input type="checkbox"/> 5 days <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Hours Attending: <input type="checkbox"/> School-Day (8:30-3:30) <input type="checkbox"/> Extended Day (6:30-6:00)

GENERAL INFORMATION

Previous Montessori Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	When / Where:
Previous pre-primary schooling: <input type="checkbox"/> Yes <input type="checkbox"/> No	When / Where:
Other languages spoken in the home: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
What particular features convinced you to choose Evergreen for your child?	

Each registration for enrollment must be accompanied by a non-refundable registration fee of \$100 before it will be processed. A check for \$100 made payable to Evergreen Montessori and this application should be mailed to the center.

I have truthfully answered the above questions, read and agree to the school policies, and understand that I am expected to participate in the operation of the school as part of my obligation.

PARENT/GUARDIAN SIGNATURE

DATE