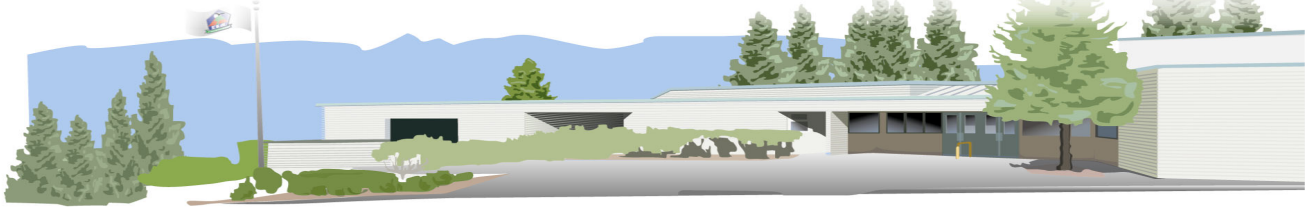




# EAGLE RIDGE MONTESSORI SCHOOL



~Striving for excellence while guiding children on the path towards independence and responsibility.~

2541 Quay Place, Coquitlam, B.C. V3H 3S7

Phone: 604-469-9166 Fax: 604-469-9168

Website: [www.eagleridgemonessori.com](http://www.eagleridgemonessori.com) Email: [info@ermontessori.com](mailto:info@ermontessori.com)

## APPLICATION FOR ENROLMENT IN PRESCHOOL

**I apply for admission of** \_\_\_\_\_ *as a student in the preschool for the 2004 to 2005 academic year.*

**DATE OF BIRTH:** \_\_\_\_\_ **Sex:** **M**  **F**

**FATHER'S NAME:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

*Name of Employer + Address:* \_\_\_\_\_

\_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

*Name of Employer + Address:* \_\_\_\_\_

\_\_\_\_\_

**Names + birth dates of siblings:**

NAMES	BIRTHDATE	SEX
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Signature:** \_\_\_\_\_

**CLASS PREFERRED:** **Morning**  **Afternoon**

**Date:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

City

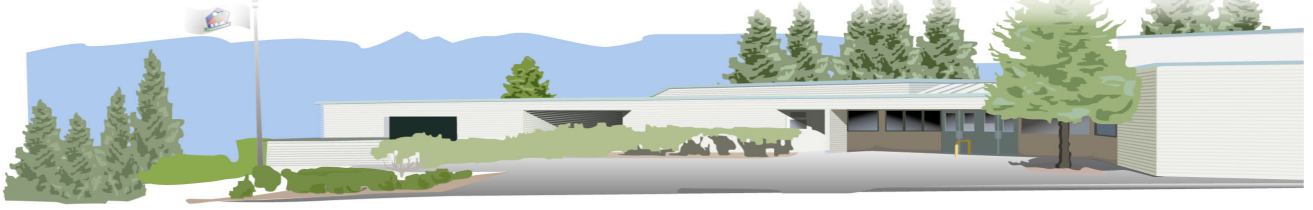
Postal Code

**HOME PHONE:** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	
Accepted by:	_____
Date rec'd:	_____
AM	_____
PM	_____
Reg. Fee:	_____
Supply Fee:	_____
Paid in full:	_____
Post dated Chqs	_____



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The following information about your child will help us to know him/her more quickly and help make transition from home to school easier:

1. Is there anything special we should know about your child which would help us meet and understand his/her needs? (qualities, characteristics, mood, etc)

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2. Does your child form friendships easily? YES NO (circle one)

3. Are any of your child's close friends attending our school? YES NO (circle one)

NAMES: \_\_\_\_\_

4. When your child is alone, what activities does he/she enjoy? \_\_\_\_\_

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5. Does your child enjoy "pretend" games, either by him/herself or with others?

YES NO If yes, what does he/she pretend? \_\_\_\_\_

6. What form of discipline is used in the home? \_\_\_\_\_

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How does your child respond to discipline? \_\_\_\_\_

7. How does your child react when his/her feelings are hurt? \_\_\_\_\_

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8. Does your child sleep alone? YES NO Does he sleep well? YES NO

Comments: \_\_\_\_\_

9. Does your child have any particular fears? YES NO Please elaborate:

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10. How does your child feel about starting school?

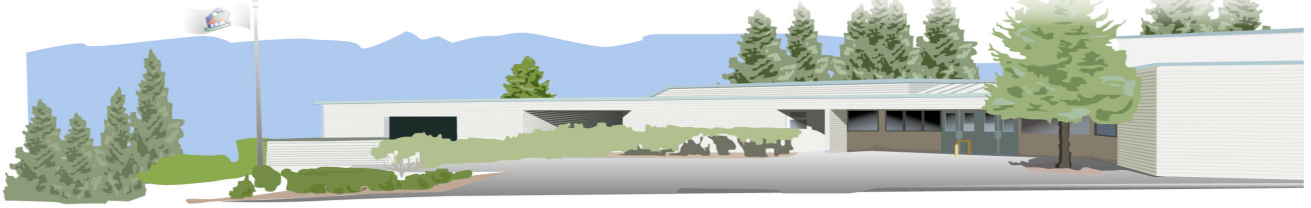
Apprehensive Afraid Unwilling Enthused Indifferent

11. What are your child's favorite foods? \_\_\_\_\_

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12. Has your child had previous experiences away from home? YES NO

Please explain (include name of school) \_\_\_\_\_  
\_\_\_\_\_

If child has previously attended a Montessori School, please include a copy of his/her last report.

13. Do you think your child feels comfortable leaving you? YES NO

Explain: \_\_\_\_\_  
\_\_\_\_\_

14. Does your child have any allergies? YES NO Please comment: \_\_\_\_\_  
\_\_\_\_\_