



Early Childhood Applicant Questionnaire

Our primary goal in the admission process is to try to find the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual, as well as help us determine your expectations for MSC. Whenever possible, parents should answer these questions together. Please feel free to attach additional sheets.

Child's Name: _____ Nickname _____

Birthday: _____ Age: _____

Describe your child's general health. Is there any special medical, physical, or emotional need of which MSC staff needs to be aware?

Has someone other than a family member ever cared for your child? Please circle all that apply.

Baby-sitter Daycare Center Home Daycare Other: _____

How do you feel your child will react to being left at school without you?

Describe the aspects of your child's previous school experience with which you have been most pleased.



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Has your child experienced any difficulties in school? If so, what support have you or the school provided?

Please share any concerns you may have about your child's development.

- Do you feel your child's speech is clear? Y N
- Can strangers understand your child's speech? Y N
- Has your child's speech ever been evaluated? Y N
- Is your child currently seeing a speech therapist? Y N
- Can your child count objects? Y N
- Does your child recognize number symbols? Y N
- Does your child recognize letter symbols? Y N
- Does your child recognize letter sounds? Y N
- Does your child recognize his/her written name? Y N
- Can your child write his/her name? Y N

Does your child have bathroom related accidents? If so, how do you deal with the accidents at home?

Does your child nap? If so, when?



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Describe your child's level of independence at home (i.e. makes his/her bed, gets dressed, etc.).

Does your child accept correction of behavior easily? What method of behavior control is used in your home? Please elaborate as much as possible.

How do you feel your child should spend his/her time after school?

What are your child's favorite TV shows? How often does your child watch TV?

What are your child's favorite activities?

Please circle the words which best describe your child?

| | | | |
|--------------|---------------|-------------|---------------|
| Happy | Fearful | Agile | Careless |
| Assertive | Even-tempered | Bold | Fearless |
| Friendly | Attentive | Loud | Inquisitive |
| Good-natured | Respectful | Sympathetic | Helpful |
| Dependent | Clumsy | Caring | Sleepy |
| Moody | Shy | Destructive | Uncoordinated |
| Stubborn | Independent | Careful | Coordinated |
| Impulsive | Quiet | Aggressive | |

Other: _____



Early Childhood Applicant Questionnaire

Imagine that your child is now eighteen, and everything in his/her development and education turned out just as you hoped. Try to describe him/her as a young adult. What characteristics would he/she have developed?

What is it about Montessori School of Covington that appeals to you? Why do you think it would make a good choice for your son or daughter?

What do you hope your child will gain from his/her Montessori experience?

How do you view your role in your child's education?

Are you willing/able to take time off from work to?

- | | | |
|--|-------------------|-------------------|
| • <i>Attend Parent-Teacher conferences</i> | Mother Y N | Father Y N |
| • <i>Attend special events with your child</i> | Mother Y N | Father Y N |
| • <i>Attend Parents Day</i> | Mother Y N | Father Y N |
| • <i>Observe in the classroom</i> | Mother Y N | Father Y N |

Thank you for taking the time to fill out this questionnaire. Please remember to send this form back with your application and application fee.

Mother's signature

Date

Father's signature

Date

Revised on 07/15/11