



Torah Montessori School

**APPLICATION FOR ENROLLMENT**

***A non-refundable application fee of \$150 and deposit of \$250 must accompany this application.***

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Child's Hebrew Name \_\_\_\_\_ Hebrew Birthdate \_\_\_\_\_

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Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

Marital Status of Parents:    Single    Married    Widowed    Separated    Divorced

Please list the names and ages of other children in the family:

Name	Age	Birthdate	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete the following child history on the pages following:

Were there any special conditions or difficulties at birth? If yes, what were they?

\_\_\_\_\_

\_\_\_\_\_

**MOTOR SKILLS:**

At what age did your child sit? \_\_\_\_\_  
Crawl? \_\_\_\_\_ Stand? \_\_\_\_\_  
At what age did your child speak in words? \_\_\_\_\_  
Sentences? \_\_\_\_\_

**TOILET TRAINING:**

Is the child already toilet trained? \_\_\_\_\_  
Words used for toileting? \_\_\_\_\_  
Did the child experience difficulty when becoming toilet trained? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**BEHAVIORAL:**

Does the child dress him/herself? \_\_\_\_\_ Does the child have tantrums? \_\_\_\_\_  
What are the child's eating habits? \_\_\_\_\_ Frequency? \_\_\_\_\_  
\_\_\_\_\_ How does the child express anger? \_\_\_\_\_  
\_\_\_\_\_

**SOCIAL:**

With what children does your child play?  
\_\_\_\_\_

**MOTOR SKILLS:**

Does your child show hand dominance? \_\_\_\_\_ Left? \_\_\_\_\_ Right? \_\_\_\_\_

**COMMUNICATION SKILLS:**

What is your child's primary language? \_\_\_\_\_ Secondary language? \_\_\_\_\_

Is the child exposed to any foreign languages? If yes, which language(s) and where does the child experience it and how often?  
\_\_\_\_\_

Can your child verbalize needs in English? \_\_\_\_\_

Have you noticed any speech deviations? If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY:**

Does the child have a history of: (Check box if "yes")

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> High temperatures? | <input type="checkbox"/> Ear infections?       | <input type="checkbox"/> Fractures?            | <input type="checkbox"/> Hospitalizations? |
| <input type="checkbox"/> Allergies?         | <input type="checkbox"/> Hearing difficulties? | <input type="checkbox"/> Vision abnormalities? | <input type="checkbox"/> Other _____       |

If yes to any of the above, please provide FULL and COMPLETE details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have any special difficulties (e.g. physical, emotional and/or learning)? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIORAL:**

Does the child have a history of :

Thumb/finger sucking? If yes, when? \_\_\_\_\_

Hyperactivity? If yes, what treatment and/or medication is/was used? \_\_\_\_\_

Does the child have any special fears? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does the child accept new people easily? \_\_\_\_\_

Does the child have regularly scheduled times for meals and bedtime? \_\_\_\_\_

**SOCIAL:**

Does the child separate from you easily or with difficulty? \_\_\_\_\_

Does the child get along with siblings? \_\_\_\_\_

**FAMILY INFORMATION:**

Is either parent absent for long periods of time? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If the child is cared for by anyone other than the parents, what is the name and relationship of the caregiver? \_\_\_\_\_

\_\_\_\_\_

Other than the parents and siblings, are there other people living in the home? \_\_\_\_\_

Who are they and what is their relationship to the child? \_\_\_\_\_

Does the child have any specific responsibilities at home? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How do you handle discipline with your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you expect your child to gain from this school experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you expect to gain from your child's school experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this child have any hobbies, sports, special interests and/or unusual capabilities or talents? \_\_\_\_\_

\_\_\_\_\_

What school do you plan on enrolling your child for first grade? \_\_\_\_\_ When? Fall of \_\_\_\_\_

Present Program or School \_\_\_\_\_ Present Grade \_\_\_\_\_ No. of Years in the Program \_\_\_\_\_

Name of Teacher \_\_\_\_\_ Do you feel that the program is meeting your child's

needs? Why or why not? \_\_\_\_\_

**2009/2010  
Torah Montessori School  
Registration**

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**A \$150 non-refundable registration fee and \$250 deposit must accompany this application.**

I wish to register my child in the following program:

\_\_\_\_\_ Half-day preschool (8:30am-12:30pm)

\_\_\_\_\_ Full-day preschool (8:30am-3:30pm)—four-year-olds through kindergarten only

\_\_\_\_\_ Full-day elementary (8:30am-3:30pm)

\_\_\_\_\_ If my child is not immediately accepted to the program, I would like to be placed on the wait list.

In signing this registration application, I understand that it authorizes Torah Montessori School to investigate my child's academic record and to secure other pertinent information necessary to reach an admissions decision. I understand that misrepresenting or withholding information may jeopardize admission or enrollment to Torah Montessori School. My signature below indicates that all the information provided on this application is correct, complete and honestly presented.

APPLICANT'S SIGNATURE(S)

\_\_\_\_\_  
Signature Date Signature Date

\_\_\_\_\_  
Relationship to the child Relationship to the child

Torah Montessori School considers the records of all individual students and prospective students to be confidential information available to a child's parent(s) and/or guardian(s) upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian.

FOR SCHOOL INFORMATION ONLY:

\_\_\_\_\_ Date Received \_\_\_\_\_ Reg Fee \_\_\_\_\_ Tuition Dep \_\_\_\_\_ Date Accepted \_\_\_\_\_ Date Closed \_\_\_\_\_ Date Wait