



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 _____

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**

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