

# Countryside Montessori Academy

## Land O' Lakes Campus

**Non-Refundable Registration Fee: \$150**

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

Child's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Email: \_\_\_\_\_

### **Program Choices:**

\_\_\_\_\_ Half Day Program (8:45-11:45)    \_\_\_\_\_ Full Day Program (8:45-2:45)

\_\_\_\_\_ 3 Days    M    T    W    TH    F    \_\_\_\_\_ 5 Days

\_\_\_\_\_ Before School    \_\_\_\_\_ After School    \_\_\_\_\_ Before and After School

### **Half Day & Full Day Payment Choices:**

**\*School Begins in August\***

\_\_\_\_\_ Ten Payments (Payments start August 1<sup>st</sup>)

\_\_\_\_\_ Nine Payments (Payments start September 1<sup>st</sup>)

\_\_\_\_\_ Single Payment (Due by July 1<sup>st</sup>)

### **Additional Information**

Name of the school your child currently attends: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Has your child ever been dismissed by a school?

**Yes    No**

If yes, Reason for Dismissal:

\_\_\_\_\_

**Countryside Montessori Academy**  
**History and Information of the Child**

Would you say that you had a normal pregnancy? \_\_\_\_\_

If no, please describe: \_\_\_\_\_

Was your delivery early, late, or on time? \_\_\_\_\_

What was your child's birth weight? \_\_\_\_\_

Any additional information we may need to know? (i.e. medical conditions, learning difficulties, etc.)  
\_\_\_\_\_

Please describe your child's day: \_\_\_\_\_  
\_\_\_\_\_

What forms of discipline do you use? \_\_\_\_\_  
\_\_\_\_\_

At what age did your child become independently potty trained? \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

What is your child's bedtime routine? \_\_\_\_\_  
\_\_\_\_\_

Does your child sleep in a crib, toddler bed, or adult bed? \_\_\_\_\_

Do you promote independence at home? \_\_\_\_\_ In what ways? \_\_\_\_\_  
\_\_\_\_\_

Does your child have chores? \_\_\_\_\_ Please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your child participate in extracurricular activities? \_\_\_\_\_

If yes, what activities?  
\_\_\_\_\_

How did you hear about Montessori? \_\_\_\_\_

How long do you plan to continue your child in the Montessori Program? \_\_\_\_\_

Please describe why you want a Montessori education for your child? \_\_\_\_\_  
\_\_\_\_\_

Please describe your child: \_\_\_\_\_  
\_\_\_\_\_

**If your child is under three years of age please answer the following**

Does your child sit in a high chair? \_\_\_\_\_ Is your child able to self-feed? \_\_\_\_\_

Does your child breastfeed, use a bottle or pacifier, or carry something special around for security?  
\_\_\_\_\_

What would you do if your child bit you? \_\_\_\_\_  
\_\_\_\_\_

What would you do if your child was bitten? \_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking the time to fill out this survey.**