## **PROSPECTIVE MONTESSORI STUDENT**



66 Rideau Street, Kingston, ON K7K 2Z 7 Phone: (613) 546-5123 Fax: (613) 546 9908 Email: <u>ask@kingstownschool.ca</u> Website: www.kingstownschool.ca

STUDENT INFORMATION		
Name:	Birth date (D/M/Y):	
Address:		
Name of Mother:	Phone #:	
Name of Father:	Phone #:	
Date of visit:		
KTS MONTESSORI		
How did you hear about KTS?		
What is motivating you to enroll your child in a Montessori program?		
Are you familiar with the Montessori pedagogy? Please explain.		
Do you know any other families/children currently enrolled at KTS and if so, please name them?		
What are your expectations for the King's Town School Montessori program?		
a)		
b)		
c)		

## **YOUR CHILD**

Is your child toilet-trained? Explain.

How does your child relate to his/her peers?

What are the most dominant character traits your child possesses (e.g. shy, assertive, bold, timid)?

Has your child attended a Montessori school before? If so, where?

Has your child been attending a preschool program or nursery school already? If so, where?

What extra-curricular activities does your child take part in and how often?

Does your child have any special abilities or exceptionalities?

Are there any family dynamics that we should be aware of? Please explain.

How do you think your child will handle a transition to KTS?

Does your child have any separation-anxiety issues?

Has your child ever been asked to withdraw from a school/daycare and if so, why?

Is your child experiencing any difficulties? Please explain.

Does your child have any medical conditions or severe allergies? Does your child wear a medic-alert bracelet? Please explain.

<b>KTS COMMUNITY</b>	
Do you foresee any trips or events that your child would be prevented from doing for cultural, religious or personal reasons? Please explain.	
What areas might you, as parents, be interested in contributing to the KTS community (e.g. clubs, committees, field trips, cultural heritage/celebrations etc.)? Please explain.	
RELEASE	
All information in this form is strictly confidential.	
Parent 1 signature:	Date:
Parent 2 signature:	Date:
Montessori Directress signature:	Date: