



Private Pre-school & Public K-8 Charter School in Paradise Valley

Montessori Academy Inc ◇ 6050 N Invergordon Rd ◇ Paradise Valley, AZ 85253 ◇ Voice 480-945-1121 ◇ Fax 480-874-2928

Questionnaire: Ages 1 thru 6

To help us get to know your child better, we ask that you please fill out this form and return it with your application.

Student Name: _____ Birth Date: _____

General Information

Primary language spoken at home: _____

Mother's occupation: _____

Mother's place of business: _____

Mother's education (Highest): _____

How many hours per day does Mother work? _____

How often is Mother out of town? _____

Father's occupation: _____

Father's place of business: _____

Father's education (Highest): _____

How many hours per day does Father work? _____

How often is Father out of town? _____

Family and Children Information

Does your child have any siblings? Yes No

Name	Age	Describe Relationship

Parent's Marital Status: _____ With whom does your child live? _____

Parent Visitation Schedule: _____

Health Information

Was your child adopted? Yes No

What illnesses has your child had? (Chronic ear infections, Strep throat, Chickenpox, Measles, etc.)

Number of days ill last year: _____

How old was your child when he/she walked? _____

Did your child crawl before walking? _____

How old was your child when he/she spoke their first words? _____

At what age was your child toilet trained? _____

Is your child taking any daily medication? Yes No

If yes what kind? _____

Does your child have any special needs we should be aware of? Yes No

If yes please explain: _____

Does your child nap? Yes No If yes, for how long? _____

Does your child have any vision or hearing problems? Yes No

If yes, please explain: _____

Likes and Dislikes

What does your child enjoy doing most? _____

What activities does your family enjoy doing together? _____

Does your child prefer to play alone or with playmates? _____

When playing with playmates, how does your child react to conflict? (Words, crying, hitting, biting, passive, etc.)

Does your child like coloring or painting? Yes No

What is your child's favorite activity? _____

Does your child engage in fantasy play? Yes No

Describe any other school or group situation in which your child has participated and for how long?

Age	Name of School	Describe

Which situation did your child like the MOST and why? _____

Which situation did your child like the LEAST and why? _____

Please describe, if any, difficulties that your child may have had in another school or group:

Routines *(It would help us to have an idea of your child's typical day)*

Meals:

Are meals always at the same time? Yes No If yes, what time? _____

Are meals eaten with adults? Yes No

Any food dislikes? _____

Where are meals eaten? _____

Bedtime:

What time does your child go to bed? _____

Does your child sleep through the night? _____

Is your child prone to nightmares? Yes No

Please describe bedtime process: _____

Please describe Morning routine: _____

In what way do you encourage independence in your child? _____

Does your child have any chores? If yes, please describe: _____

On average how many hours of TV does your child watch? _____

On average how many hours of computer/technology does your child engage in per week?

Miscellaneous

Any previous Montessori Education? Yes No If yes, when and where? _____

Are you aware that the Montessori program is based on a 3- year cycle? Yes No

Are you aware that Montessori Academy requires 30 hours of volunteer time per family per year?

Yes No

What brought you to Montessori Academy? _____

What are your goals for your child this year? _____

Are there any other comments that you feel would be helpful? _____