

2624 Ginger Woods Parkway Aurora, IL 60502

Phone: (630) 978-7786; Fax: (866) 357-2874



Prairie View welcomes all children without regard to race, color, gender or religious background.

Application for Toddler Program

	First		Middle		Nickname (if any)	
	Birth date (Month	n/Day/Year)	Age:	years	months	
	Place of Birth		male f	emale		
t:	Previous Schoo	I Experience:	(if applicable)			
_	Montessori Scho	ol		duration	า	
	Other School			duration	า	
Half Day	Full Da	у				
3 Days	4 Days		5 Days _			
		Dad or G	Guardian			
		Name				
Home Address		Home Ad	ddress			
		Occupati	on			
Work Phone		Home Ph	Home Phone		Work Phone	
e-mai	I	Cell Phor	ne	e-mail		
		Date of Orien	e of Orientation Visit			
		Date of Admis	ssions Interviev	v		
	Half Day 3 Days Work e-mai	Birth date (Month Place of Birth Previous Schoo Montessori Schoo Other School Half Day Full Da 3 Days 4 Days Work Phone e-mail	Birth date (Month/Day/Year) Place of Birth Previous School Experience: Montessori School Other School Half Day Full Day 3 Days 4 Days Dad or O Name Home Ac Occupati Work Phone Home Ph e-mail Cell Phor	Birth date (Month/Day/Year) Place of Birth male f Previous School Experience: (if applicable) Montessori School Other School The Previous School Other School Other School Dad or Guardian Name Home Address Occupation Work Phone e-mail Date of Orientation Visit	Birth date (Month/Day/Year) Place of Birth male female Previous School Experience: (if applicable) Montessori School Other School The School Th	

A \$200.00 check (one-time, non-refundable fee) must accompany this application.

Please fill out the other side.

"Give Your Child A View Without Limits!"

child information

The following information will help us get to know you and your child better.
What are your goals and expectations for your child at Prairie View Montessori?
How would you describe your child's personality and learning style?
What do you see as your child's special interests and strengths?
How would you describe your child's social development?
In what area/s would you like to see your child develop?
What is your child's general health?
Are there any other children living in the home?
How does your family enjoy spending time together?
What is your approach to discipline at this time?
Please outline any special educational, physical, or emotional needs of your child.
How do you see PVM assisting you in meeting goals for your child?
FOR OFFICE USE ONLY
ADMISSIONS REQUIREMENTS COMPLETED:
application form child/family interview
application fee child's school visit
attendance at orientation meeting acceptance to PVM

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