



PRAIRIE VIEW
MONTESSORI TM

2624 Ginger Woods Parkway
Aurora, IL 60502

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

Starting 20 _____
_____ Children's House Fall
_____ Children's House Other

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

Application for Toddler Program

CHILD

_____ Last First Middle Nickname (if any)

_____ Birth date (Month/Day/Year) Age: _____ years _____ months

_____ Place of Birth male female

Date You Want to Start:

Previous School Experience: (if applicable)

_____ Montessori School duration

Sibling Application:

_____ Yes _____ No

_____ Other School duration

Applying for:

Half Day _____ Full Day _____
3 Days _____ 4 Days _____ 5 Days _____

Mom or Guardian

Dad or Guardian

_____ Name

_____ Name

_____ Home Address

_____ Home Address

_____ Occupation

_____ Occupation

_____ Home Phone _____ Work Phone

_____ Home Phone _____ Work Phone

_____ Cell Phone _____ e-mail

_____ Cell Phone _____ e-mail

OFFICE USE ONLY

Date Received _____

Date of Orientation Visit _____

Check Number _____

Date of Admissions Interview _____

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:

- | | |
|--|---|
| <input type="checkbox"/> _____ application form | <input type="checkbox"/> _____ child/family interview |
| <input type="checkbox"/> _____ application fee | <input type="checkbox"/> _____ child's school visit |
| <input type="checkbox"/> _____ attendance at orientation meeting | <input type="checkbox"/> _____ acceptance to PVM |

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