PRAIRIE VIEW MONTESSORI ™

2624 Ginger Woods Parkway

Aurora, IL 60502
Phone: (630) 978-7786; Fax: (866) 635-1786

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

application for pre-school/kindergarten

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 _____   Kindergarten _____

                   3 Days _____   4 Days _____   5 Days (M-F)_____

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!"

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
- _____ application fee
- _____ attendance at orientation meeting

- _____ child/family interview
- _____ child's school visit
- _____ acceptance to PVM

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