

Windmill Montessori School

Accredited Preschool, Elementary, Junior High School and Summer Day Camp

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Application for Admission

Date of Visit/Initial Interview: _____ Forms: BC: Med:

Child's Name: _____

Preferred Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Tel: _____

Date of Birth: _____ Child's Birthplace: _____ Please Circle: F / M

Citizenship: _____ Is Child adopted? _____ Social Security #: _____

What language other than English is spoken at home? _____

I am interested in the following program(s) for my child:

Preschool: Half-Day (AM) 5 Full days

Kindergarten: Half-Day (AM) 5 Full days

Elementary: _____ Grade

Academic Summer Camp: 4 Weeks 6 Weeks

5 Full days Half-Day (AM) _____ days a week

After School Program

Child's current School/Playgroup:

School Name: _____ Address: _____ Phone#: _____

Principal's/Director's Name: _____ Dates of Attendance: _____

Reason for Leaving: _____

Father's Name: _____ Age: _____ Birthplace: _____

Occupation: _____ Educational Background: _____

Employer: _____

Business Address: _____ Business Tel.: _____

Mother's Name: _____ Age: _____ Birthplace: _____

Occupation: _____ Educational Background: _____

Employer: _____

Business Address: _____ Business Tel.: _____

(Over)

- Marital Status: Married Widowed Separated Divorced Other _____
- Child lives with: Mother Father Stepmother Stepfather Other _____
- List names, birth dates and sex of any other children in family: _____

- List Childhood Illnesses, allergies: _____
- Does your child have any physical handicaps? If yes, explain: _____
- What provision do you make for after-school care or supervision: _____
- Is our child toilet trained? _____ Does s/he need bathroom help? _____
- Usual bedtime _____ How long? _____ Does s/he nap? _____
- Any sleeping problem? _____
- Does your child have any special fears? _____
- Does your child meet new situations and people easily? _____ If not, explain: _____

- What type of books does your child enjoy most?

- What are your child's favorite toys? _____
- Does your child like to do anything special with his/her father/mother? _____

- What TV Programs does your child watch? _____
- What is your method of discipline and who does it? _____

- How did you hear about our school? _____
- Why have you chosen to place your child in this school? _____

- What do you hope your child will gain or learn from his/her experience here? _____

- What do you, as parents, expect or hope the school can do for you? _____

- I will **need** transportation service I will provide transportation
- I give my permission to Windmill Montessori School to contact previously attended schools to obtain my child's records.

Parent's Signature _____ Date: _____