

Hawk Meadow Montessori School



488 Freedom Plains Road, Poughkeepsie, NY 12603 ~ +1 (845) 223-3783 ~ www.hawkmeadowmontessori.com

2011-2012 Enrollment Application

Child's Name		Date of Birth
Address 1		
Address 2		
City	State	Zip Code

Please check the box below for your child's age-appropriate program, and indicate the no. of days:

Number of half days: ____ Number of full days: ____	Toddler (18m-3y)	Primary (3y-6y)	Elementary	Middle School
	<input type="checkbox"/> 9:00 - Noon <input type="checkbox"/> 9:00 - 3:30	<input type="checkbox"/> 9:00 - Noon <input type="checkbox"/> 9:00 - 3:30	<input type="checkbox"/> All Day	<input type="checkbox"/> All Day

Mother's Name		Occupation
Employer's Address 1		
Employer's Address 2		
Employer's City	State	Zip Code
Special Interests		

Father's Name		Occupation
Employer's Address 1		
Employer's Address 2		
Employer's City	State	Zip Code
Special Interests		

Hawk Meadow Montessori requires a \$75 non-refundable application fee with the return of this form. If you are re-enrolling your child into Hawk Meadow Montessori, the application fee is reduced to \$50.

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Enrollment Questionnaire

Please answer the following questions to the best of your ability.

How/Where did you hear about Montessori Education?
What appeals to you about a Montessori Education?

Medical Information

Did your pregnancy for this child reach full-term? If not, when was the child delivered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any difficulties during pregnancy/delivery? Please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any medical problems for which he/she is receiving ongoing medical treatment? If so, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
What is overall general health of your child?
Does your child have any allergies that you are aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever had a serious injury or illness? If so, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any history in your family of learning difficulties? If so, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
Regarding toilet training, which applies to your child? <input type="checkbox"/> Toilet trained <input type="checkbox"/> With reminders <input type="checkbox"/> Not at all interested in toilet-training
What does your family call : Bowel Movements? Urination?

Physical Development

At what age did your child:	Sit Up?	Crawl?	Walk?	Say 1 st Word?
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Language

Does your child speak? At what age did speech start? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any concerns regarding your child's speech? If so, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Regarding speech ability, which applies to your child? <input type="checkbox"/> Speaks in syllables <input type="checkbox"/> Single words <input type="checkbox"/> Simple phrases <input type="checkbox"/> Full sentences	

Previous Schooling

Did your child attend school previously? If so, what age(s) did he/she attend? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of school previously attended:	
Reason for leaving:	

Behavior

How would you describe your child's temperament? (E.g. happy, quiet, talkative, calm...)
Favorite Activities:
Any further comments/concerns:

Please read the statement below, sign and date in acknowledgment of our terms and conditions.

As our child's parent(s)/guardian(s), I/we agree to pay according to the payment schedule without reduction for my/our child's absence or voluntary withdrawal. I/We will also share in the fiscal health of the school, which, in addition to keeping a current tuition balance, includes an active participation in the life of our school, Hawk Meadow Montessori.

Mother's Signature	Date
Father's Signature	Date