

**Countryside Montessori
INFORMATION FORM - PRE-K CLASS**

Child's Name _____ Date of Birth _____

Days of Enrollment _____ Hours of Enrollment _____

Parent's Names _____

Enrollment Date _____ Withdrawal Date _____

HEALTH

Can your child participate in all school related activities? _____ Any limitations? _____

Allergies or other health related concerns? _____

ACADEMIC LEVEL

What is your expectation of your child's school experience? _____

What are your goals for your child this year? _____

OTHER INFORMATION

What does your child enjoy doing? _____

Does your child have any fears? _____

Has your child been to school before? _____ If so, what kind of an experience was it? _____

Has your child any special problems or difficult behaviors? _____

Do you have any special abilities/resources you would share with the class/school? _____ If so,

what? _____

Would you like to volunteer for special events, making activities, etc.? _____ If so, what would

you like to do? _____

Describe your child to help us better understand how to provide care _____