

**Countryside Montessori  
INFORMATION FORM - PRIMARY 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 \_\_\_\_\_