



# Origins Montessori Academy

6265 Lewis Street, Suite 101, Parkville, MO 64152  
(816) 787-1515 info@originsmontessori.com

## Parent/Sponsor

Name:

Address:

Employer/Occupation:

Home Phone:

Work Phone:

Mobile Phone:

E-mail:

## Parent/Co-Sponsor

Name:

Address(if different):

Employer/Occupation:

Home Phone (if different):

Work Phone:

Mobile Phone:

E-mail:

Siblings (include names and ages):

What role do you want to play in your child's education and school community?

What is your discipline philosophy at home?

Referred by:

## **School Information**

*Please list any previous schools, education experiences or daycare facilities your child has attended.*

School(s): \_\_\_\_\_

School's Telephone Number: \_\_\_\_\_

Teacher(s) we may contact: \_\_\_\_\_

What are your expectations for your child at school?

What are you looking for in a school for your child?

What are your plans for your child's education over the next 15 years?

## All About Your Child

Child's Full Name: \_\_\_\_\_  
(Last, First Middle)

Nickname: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F  
month day year

Strengths, likes, and special interests:

Challenges, dislikes, and fears:

### For Primary Children Only (ages 3-6)

We typically have the children typically rest for 20 minutes each day. \_\_\_\_ rest - OR - \_\_\_\_ (longer) nap  
Is your child independent in their toileting skills? \_\_\_\_ yes \_\_\_\_ no

Has your child ever had special services, therapies, IEPs, or referrals? If so, please provide more information (attach additional reports if necessary):

Has your child had any medical/developmental issues/concerns since birth?

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Asthma: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

### **Program Information**

Will your family need before and/or after school care? \_\_\_\_ yes \_\_\_\_ no

Desired Program (please circle): PRIMARY - 3 Full (T-W-Th, 8:30AM to 3:00PM)

PRIMARY - 3 Half (T-W-TH, 8:30AM to 11:30AM)

Desired Enrollment Date: \_\_\_\_/\_\_\_\_ (month/year)

\_\_\_\_\_  
Signature of Sponsor (Hereinafter "Parent")

\_\_\_\_\_  
Date

### Office Notes:

Age as of 8/1/\_\_: \_\_\_\_

Program: \_\_\_\_\_

Date Rcv'd: \_\_\_\_\_