

# Angels Montessori Preschool

## Preschool Admission Questionnaire

150 N. Garfield Avenue, Alhambra, CA 91801 (626) 457-5927

CHILD'S LAST NAME	CHILD'S FIRST NAME	CHILD'S AGE & DOB
HOME ADDRESS		
TELEPHONE (HOME)	TELEPHONE (CELL)	TELEPHONE (OFFICE)
MOTHERS LAST NAME	FIRST NAME	MIDDLE NAME
FATHERS LAST NAME	FIRST NAME	MIDDLE NAME

1. How did you hear about our school? \_\_\_\_\_
2. Do you live near the school? \_\_\_\_\_

3. Has your child been to Pre-School or Home Day Care Before? If yes please describe name, address & telephone number.

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2. If your child has been to a Preschool/Daycare before, why are you changing schools?

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\_\_\_\_\_

3. Why do you think your child would benefit from attending Angels Montessori School?

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\_\_\_\_\_

4. Please describe 3 objectives you would like to achieve by attending your child in preschool

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

5. Has a Grandparent or baby sitter looked after your child before? For how Long?

\_\_\_\_\_

6. Is your child potty trained? \_\_\_\_\_

7. Does your child have any behavioral problems? Please describe any and all behavioral issues, so the school will have a better understanding of your Childs needs.

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8. Does your child have any medical conditions such as Speech impediments, Attention Deficit Syndrome, Asthma? Please describe.

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9. How does your child interact with other children? Circle one or more

Extremely well

Needs improvement

Needs to learn how to share

10. Is your child a fussy eater? Please describe.

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11. Has your child thrown violent temper tantrums in the last year? If yes please describe how many times and what you did to calm the child.

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12. What program did you want to enroll your child in? (Indicate) 5/3 or 2 days) \_\_\_\_\_

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13. Do you have other children? If Yes please specify Age and gender.

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14. When did you want to start preschool for your child. \_\_\_\_\_

15. Does your child know his or her colors? \_\_\_\_\_

16. Does your child know his shapes? \_\_\_\_\_

17. Can your child do a simple puzzle on their own? \_\_\_\_\_

18. What Language do you speak most at home? \_\_\_\_\_

19. Does your child cry when you leave him or her with someone? \_\_\_\_\_

20. Any other comments on your child's needs?

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\_\_\_\_\_  
PARENTS SIGNATURE

\_\_\_\_\_  
DATE

COMMENTS (SCHOOL USE ONLY)

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