

# ANGELS MONTESSORI TOUR FORM

Please fill out this form so we can better understand yours and your child's needs.

<b>DATE</b>		<b>TIME</b>	
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1.	Name of mother	
2	Name of father	
2	Telephone #	
3	Do both parents work?	
3	How far is your home from school?	
3	How did you hear about our school?	
4	Have to visited our website?	
3	<b>Name of child</b>	
4	<b>Age of child</b>	
4	Has child attended school before? If yes name of previous school	
5	What is child's favorite color?	
5	Is your child potty trained?	
6	Has your child played with other children? If so, how many at once?	
7	Does child know their ABC's?	
8	Is your child up to date on vaccinations?	
9	How would you describe your child's nature?	
10	Why did you select our school?	
11	What are, your child's eating habits?	
12	What are your views on Homework?	
13	What do you believe is your role in your child's education?	
14	Have you prepared your child for Work?	
15	Does your child have any fears or allergies?	