



# Madison Montessori School

**Application for Admission**  
**School Term: 2025-2026**

19 Green Avenue  
 Madison, NJ 07940

Phone: 973-966-9544  
 E-mail: MadisonMontessori1981@gmail.com

Date: \_\_\_\_\_

**CHILD**    \_\_\_\_\_ Male    \_\_\_\_\_ Female

First Name:	Last Name:
Birth Date:	Age in Sept: years/months
Home Address:	
Home Telephone Number or Primary Cell Phone #:	

## MOTHER (OR GUARDIAN)

## FATHER (OR GUARDIAN)

Name:	Name:
Address if not the same as above:	Address if not the same as above:
Employer:	Employer:
Cell Phone #:	Cell Phone #:
Occupation:	Occupation:
Signature (only one required)	Signature (only one required):
Email:	Email:

Check Preference	Program	Age Requirements	Hours
	Two-day Class	2.5 to 3 in September	8:30 AM to 11:30 AM — Mon/Tues.
	Three-day Class	2.5 to 3 in September	8:30 AM to 11:30 AM — Wed./Thurs./Fri.
	Five-day Class	2.5 to 3 in September	8:30 AM to 12:30 PM — Mon. thru Fri.
	3-6 AM Class	3 to 6	8:30 AM to 11:30 AM — Mon. thru Fri.
	3-6 PM Class	3 to 6	12:30 PM to 3:30 PM — Mon. thru Fri.
	8:30 Kindergarten	5 by October 1	8:30 AM to 2:30 PM — Mon. thru Fri.
	9:30 Kindergarten	5 by October 1	9:30 AM to 3:30 PM — Mon. thru Fri.

*If you are interested in and able to commit to more than one option please check all options that apply. As our programs reach capacity we would like the opportunity to offer you an alternative to your first choice.*

## ENROLLMENT INFORMATION

Please answer all of the following questions. **This information is kept confidential and is for the teachers' use only.** Because we view each student as a unique individual, the questions are designed to give the teacher a better understanding of your child. Your candid and thorough responses to these questions are necessary to that end.

Age of your child when this application was completed: \_\_\_\_\_ Years \_\_\_\_\_ Months

### **SIBLINGS**

NAME	AGE	SCHOOL

♥ Is your child adopted? \_\_\_\_\_ We want to be sensitive to your child's understanding of his/her adoption and will need to discuss with you how we can best support your family.

### **MEDICAL/HEALTH HISTORY**

♥ Describe your child's prenatal history:

♥ Describe your child's allergies, if any:

♥ Has your child had ear infections? \_\_\_\_\_ How many? \_\_\_\_\_ At what age(s)?

♥ Has your child been hospitalized for an illness or accident? \_\_\_\_\_ If yes, please describe:

♥ Eating habits:

Sleep patterns:

\_\_\_\_\_ Eats everything

\_\_\_\_\_ Sleeps well

\_\_\_\_\_ Picky eater

\_\_\_\_\_ Has difficulty falling asleep

\_\_\_\_\_ Some of above

\_\_\_\_\_ Some of the above

♥ Does your child nap? \_\_\_\_\_ If so, for how long?

♥ Does your child have any physical limitations? \_\_\_\_\_ If so, please describe:

♥ Is there anything else you would like us to know about your child's medical/health history?

### **SOCIALIZATION**

♥ Has your child had group experiences with other children (play groups, Y classes, story time, etc.)? Describe the experience including whether it was a positive or negative one and why:

- ♥ Has your child had previous school experience? \_\_\_\_\_ Describe the experience including whether it was a positive or negative one and why:
- ♥ How does your child react to separation from you?
- ♥ What is your child's favorite social experience?
- ♥ What is your child's least favorite social experience?
- ♥ Does your child have any fears? \_\_\_\_\_ What are they?
- ♥ Has your child had any traumatic experiences? \_\_\_\_\_ Please describe:
- ♥ How is your child affected by transition (going from one activity or place to another?)
  - \_\_\_\_\_ Transitions easily
  - \_\_\_\_\_ Sometimes has difficulty depending upon the situation
  - \_\_\_\_\_ Needs to be prepared and reassured ahead of time
- ♥ Does anyone else assist you in caring for your child? \_\_\_\_\_
- ♥ Parent's marital status: \_\_\_\_\_ single \_\_\_\_\_ married \_\_\_\_\_ separated \_\_\_\_\_ divorced
- ♥ Does either parent travel for business and is consistently away from home? \_\_\_\_\_
- ♥ Describe your child's personality and temperament:
  
- ♥ How do you discipline your child?
  
- ♥ How do you feel we can best support your child emotionally and behaviorally?

**DEVELOPMENTAL**

- ♥ Is your child toilet trained? \_\_\_\_\_ Can he/she use the toilet independently? \_\_\_\_\_
- ♥ What are some of the things your child likes to do:
  
- ♥ What are some of the things your child **does not** like to do:

♥ What do you feel are your child's areas of strength:

♥ What kind of activity do you feel your child finds most challenging:

♥ Is a language other than English spoken at home? \_\_\_\_\_ If so, what language? \_\_\_\_\_

**EXPRESSIVE LANGUAGE**

\_\_\_\_\_ Speaks in sentences and can be clearly understood most of the time

\_\_\_\_\_ Uses words and is understandable most of the time

\_\_\_\_\_ Language is age appropriate

\_\_\_\_\_ Language is delayed

**RECEPTIVE LANGUAGE**

\_\_\_\_\_ Uses words appropriately most of the time

\_\_\_\_\_ Answers questions appropriately most of the time

\_\_\_\_\_ Sometimes has difficulty responding to questions.

♥ Does your child understand directions?

\_\_\_\_\_ Understands and can follow directions most of the time

\_\_\_\_\_ Understands and sometimes follows directions

\_\_\_\_\_ Has difficulty following directions

♥ Does your child have sensitivities to certain foods (not allergies), smells, clothing, or sounds?

♥ Has your child had any therapeutic interventions? \_\_\_\_\_ Is he/she currently working with a therapist? \_\_\_\_\_  
For how long? \_\_\_\_\_ With whom?

Please explain reason and type of therapy.

**Evaluations can be enormously helpful to us. Please attach a copy to this application.**

♥ Is there anything else you would like us to know about your child?

♥ Are there any questions you would like us to answer?

♥ How did you find out about our school?

**Please return the completed application and the non-refundable application fee of \$65 to  
Madison Montessori School 19 Green Avenue Madison, NJ 07940**