



1071 Woodberry Sq. Pl. • Lynchburg, VA 24502 • (434) 525-0061

New Student Application Nido – Primary III

Application Process:

1. Submit a 2017 – 2018 completed application along with the appropriate non-refundable registration fee. (Primary III will also have a supply fee due along with the application.)
2. Provide the following documentation for the prospective student to ensure the enrollment process is complete.

- This completed application form
- The completed Student Contract
- A copy of original certified birth certificate
- A signed copy of child’s most recent physical examination and immunizations

General Information:

Student Last Name		First Name	Middle Name	Nickname
Address	Street	City	State	Zip
Age	Date of Birth	Sex	Home phone #	

Desired Schedule:

Nido – Early Learner: (Check all that apply)

<input type="checkbox"/> 5 Day Program	<input type="checkbox"/> 3 Day Program(M/W/F)	<input type="checkbox"/> 2 Day Program(T/TH)	<input type="checkbox"/> Before Care Program
<input type="checkbox"/> 8:30 – 12:00	<input type="checkbox"/> 8:30 – 12:00	<input type="checkbox"/> 8:30 – 12:00	
<input type="checkbox"/> 8:30 – 3:00	<input type="checkbox"/> 8:30 – 3:00	<input type="checkbox"/> 8:30 – 3:00	
<input type="checkbox"/> 8:30 – 4:00	<input type="checkbox"/> 8:30 – 4:00	<input type="checkbox"/> 8:30 – 4:00	
<input type="checkbox"/> 8:30 – 5:30	<input type="checkbox"/> 8:30 – 5:30	<input type="checkbox"/> 8:30 – 5:30	

Primary: (Check all that apply)

<input type="checkbox"/> 8:30 – 12:00	<input type="checkbox"/> Before Care Program
<input type="checkbox"/> 8:30 – 3:00	
<input type="checkbox"/> 8:30 – 4:00	
<input type="checkbox"/> 8:30 – 5:30	

Primary III / Kindergarten: (Check all that apply)

<input type="checkbox"/> 8:30 – 2:50	<input type="checkbox"/> Before Care Program
<input type="checkbox"/> 8:30 – 4:00	
<input type="checkbox"/> 8:30 – 5:30	

****Before Care Program includes early drop off between the hours of 7:30 and 8:30****

Family Information:

Father's Name	Place of Employment	Work #	Cell#	Email
---------------	---------------------	--------	-------	-------

Mother's Name	Place of Employment	Work #	Cell#	Email
---------------	---------------------	--------	-------	-------

Parent's Marital Status: (check one)

Married Divorced Separated Single Parent Widowed

Other: _____

Legal guardian(if applicable): _____

Name

Relationship to Child

****Additional paperwork on legal matters will be required to be placed in the child's file****

List ALL Members of Child's Household:

Name	Age	Relationship
------	-----	--------------

Do you have any pets that live in your household? Please tell us the type of pet and the pet's name.

How often does your family see extended family? (Check One)

Daily Weekly Monthly Annually Other: _____

Does your family/child speak any other languages? Y/ N

If Yes, What Languages?

Home Life Information:

What methods of discipline are implemented at home? Please Describe:

How many hours weekly does your child watch TV? _____

Please list child's favorite shows: _____

How many hours weekly does your child use technology (Computers, Tablets, Smart Phones, etc.)? _____ Please List what activities your child enjoys and on which type of technology?

Childcare Information

Describe any previous school experiences or group situations:

If you had previous experiences, do you feel these experiences were generally good? Y / N

If No, Please Explain:

Did your child have any difficulties at any other school or group situations (behavioral, academic, social or emotional)? Y / N

If Yes, Please Describe:

Does your child prefer to play/work alone or with other children?

When with other children, how does your child react to conflict?

Does your child separate easily from parents? Y / N

Does your child take regular naps? Y / N For how long: _____

Montessori Information:

Has your child had any Montessori experience? Y / N

If Yes, Please describe the Montessori Philosophy:

Are you aware that the Primary Montessori Program is based on a 3 year cycle? Y / N

Health and Development Information

Does your child have allergies? Y / N

If Yes, Please Describe:

Does your child have any dietary restrictions? Y / N

If Yes, Please Describe:

Is your child fully potty trained? Y / N If Yes, Child's age when first Potty Trained: _____

Does your child require assistance with:

Dressing: Y / N If Yes, Please explain: _____

Toileting: Y / N If Yes, Please explain: _____

Eating: Y / N If Yes, Please explain: _____

Other: _____

Does your child have any difficulty with: (Check all that apply)

Speech Vision Hearing Eating
 Emotions Physical Development Health Problems

If you checked any of the above, Please describe:

Miscellaneous Information:

How did you learn about Blue Ridge Montessori School?(choose one)

Friend: Name _____ Advertisement Facebook
 Other: _____

Is there any other information that might help our staff better understand your child?

What are your goals for your child/family for this upcoming school year?
