

"A place where children
are valued and respected."



250 South Cherry Wood
Lafayette, Co 80026

ADVENTURE MONTESSORI
LEARNING, INC.

STUDENT RECORD

DATE ___/___/___

PLEASE PRINT ONLY

CHILD'S INFORMATION

| | | | | | | | | | | | | | | | | |
|-------------------------------|--|---------------------------------|---------------------------------|---------------|------------------------------------|------------------------|-------------------------------------|---|----------------------------------|--------------|---------------------------------------|--|-------------------------------------|--|-------------------------------------|--|
| Last Name, | | | First, | | | Middle | | | | | | | | | | |
| Child Lives with: | | | | | | Relationship to child: | | | | | | | | | | |
| <input type="checkbox"/> Male | | <input type="checkbox"/> Female | | Date of Birth | | / | | / | | Current Age: | | | | | | |
| Enrolling in: | | | <input type="checkbox"/> Infant | | <input type="checkbox"/> Toddler I | | <input type="checkbox"/> Toddler II | | <input type="checkbox"/> Primary | | <input type="checkbox"/> Kindergarten | | <input type="checkbox"/> Lower Elem | | <input type="checkbox"/> Upper Elem | |
| | | | (6wks-12 mo) | | (12mo-18mo) | | (18mo-3 yrs) | | (3-6years) | | (5 by 9/15) | | (6-9 years) | | (9-12 years) | |

PARENT INFORMATION

| | | | | | | | | | | | |
|-----------------------------|--|--|------------------|--|------|--|------|---------------|--|-------|-----|
| MOTHER'S INFORMATION | | | | | | | | | | | |
| Name | | | Home Address | | | | City | | | State | Zip |
| Home Phone | | | Work Phone | | Cell | | | Email Address | | | |
| Employer Name | | | Employer Address | | | | City | | | State | Zip |
| FATHER'S INFORMATION | | | | | | | | | | | |
| Name | | | Home Address | | | | City | | | State | Zip |
| Home Phone | | | Work Phone | | Cell | | | Email Address | | | |
| Employer Name | | | Employer Address | | | | City | | | State | Zip |

OTHER PARENT INFORMATION

| | | | | | |
|---|--|---|---|---|--|
| Marital Status _____ If divorced how old was child? _____ | | If separated or divorced what are visitation arrangements? | | Is this child adopted? ____ If yes what age? _____ | |
| Is your child cared for by anyone other than the parents? | | | If yes please list Name _____ Telephone _____ Cell _____ | | |

CHILD'S PROFILE

Does either parent travel from home for long periods of time? _____

List child's sibling(s), step-sibling(s), and half-sibling(s):

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

To your knowledge, does your child currently have any persistent disease? (This is optional information.) If yes, please explain:

Describe any medical information you feel the staff should know about your child:

Does your child have any unusual urinary or bowel habits? _ If yes, please explain:

How does your child ask to go to the bathroom? _____

Why do you want your child in a Montessori environment? _____

How does your child get along with other children? _____

How does your child get along with adults? _____

How much time does your child spend alone? _____

How does your child occupy their time alone? _____

Which is your child's dominant hand? _____

What kind of activities (meals, stories, play, etc.) do you share with your child on a regular basis?

How much time do you spend on these activities? _____

How do you discipline your child? _____

Does your child rest or sleep in the afternoon? _____ Rest Sleep

By what time is your child in bed at night? ___ Asleep? Up in the A.M.?

Does your child have any fears such as the dark, storms, people, animals, etc.? _____
