

*"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 (6wks-12 mo)	<input type="checkbox"/> Toddler I (12mo-18mo)	<input type="checkbox"/> Toddler II (18mo-3 yrs)	<input type="checkbox"/> Primary (3-6years)	<input type="checkbox"/> Kindergarten (5 by 9/15)	<input type="checkbox"/> Lower Elem (6-9 years)	<input type="checkbox"/> Upper Elem (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 _____	

STUDENT'S PROFILE/ELEMENTARY

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:

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

What characteristics do you hope your child will develop at Adventure Montessori? _____

How does your child get along with other children? _____

How does your child get along with adults? _____

Please tell us your child's favorite extracurricular, community, and family activities.

Please list schools attended by your child-current school first name, city /state, and years attended.

1. _____

2. _____

3. _____