

Is your child toilet trained? _____yes_____no

Please list any medical conditions, including allergies, of which the school should be aware.

Please list all schools your child has previously attended:

Please describe your child's educational experience thus far. What has been successful? What has been challenging?

Why do you feel that CSM is an appropriate choice for your family?

What aspects of the Montessori philosophy are most appealing to you?

What are your educational goals for your child? How do you see CSM facilitating those goals?

What role can we expect the child's parent(s)/guardian(s) to play in facilitating this child's educational goals?

Does your child have any special challenges (educational, medical or psychological) that may affect his/her school experience? If so, please describe them or request a meeting with the Education Director.

How did you hear about Cool Springs Montessori? _____

Signature of Parent/Guardian_____

Date:_____

Cool Springs Montessori does not discriminate in enrollment on the basis of race, national origin, or religion. We do not screen children through testing. We are committed to serving children whose parents support our values and philosophy.