

Elementary Admissions Questionnaire

Child's Name _____ Date of Birth _____

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies (e.g., asthma, hay fever, insect bites, medicine, food reactions):

Regular medications: _____

What kind of behavior management style does your child best respond to?

What would you like your child to gain from this experience?

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

We believe Bay Farm offers an exceptional educational experience. From your perspective, why have you chosen the Elementary Program at Bay Farm for your child?

We give Bay Farm Montessori Academy permission to contact our child's current teacher:

Teacher's Name: _____ Phone No.: _____

Parent's/Guardian's Signature: _____

Date: _____