



Please complete one form per child.

The purpose of this questionnaire is to get to know your child better, his/her needs, experiences, and your family. This will allow for a more enriching first meeting. Please take the time to respond accurately.

Information regarding the child

Child's first and family name \*

Birthdate \*

Place of birth \*

Languages spoken at home \*

Has your child already attended a Montessori school?\*

(If yes, the school's name and time frame) \*

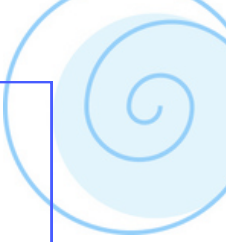
Would you like to register your child: \*

In a 3/6 environment

In a 6/12 environment

Does the child have brothers and/or sisters? Did any siblings attend a Montessori school?

*First Name, Age, Montessori : Yes or No*



Complementary information regarding your child:

Cultural activities, sports, or interests.

Life at school, or daycare, or other form of childcare...

Name current of school or daycare. \*

**Information regarding the parents**

**Parent 1**

First & Last Name \*

Adress\*

Telephone \*

Email \*

**Parent 2**

First & Last Name \*

Adress \*

Telephone \*

Email \*

How did you learn about our school? \*

Please tell us briefly about your motivation to send your child to our school. \*