



Enrollment Intake Form Questionnaire

Please take a few minutes to answer these questions and then return this form with your completed Registration Application at least two days prior to your child's first day or school.

Name of Student: _____ Date: _____

Applying for: Il Nido Il Nido Toddlers Casa dei Bambini Casa dei Bambini II Red Rods
(please circle appropriate grade level)

What kind of person is your child? Please describe him / her:

Why are you attracted to Montessori Education for your child?

What questions do you have about Montessori Education?

What are your plans for your child's education over the next 15 years? Kindergarten (if applicable)? Elementary School? Middle School? High School?

What was your school experience like when you were your child's age? And later, when you were older?

How would you describe the best teacher you ever had as a child? What were they like? What made them memorable and special for you?

What was the best experience you ever had in school as a child?

What questions do you have about our school?
