



PARENT QUESTIONNAIRE

STUDENT NAME:

BIRTHDATE:

AM OR FULL-DAY?

SCHOOL YEAR:

PARENT NAME:

PHONE# & EMAIL:

IS YOUR CHILD FULLY-POTTY TRAINED:

DO THEY ASK WHEN THEY NEED TO GO?

YES

NO

CAN THEY PULL THEIR PANTS UP/DOWN?

YES

NO

CAN THEY WIPE ON THEIR OWN?

YES

NO

WHAT KIND OF PROGRAM WOULD YOU PREFER FOR YOUR CHILD?

PLAY-BASED

STRUCTURED

COMBINATION

WHICH CLASS TYPE DO YOU PREFER FOR YOUR CHILD?

SAME AGE GROUP

MIXED AGE GROUP

HAS YOUR CHILD ATTENDED ANY OTHER PROGRAMS OR ACTIVITIES?

YES

NO

IF YES, WHAT KIND OF PROGRAM/ACTIVITY?

WHAT ARE YOUR EXPECTATIONS OF OUR PROGRAM?

RISING SCHOLARS MONTESSORI INC. ONLY HAS A 5-DAY/WEEK OPTION AND DOES NOT REGISTER CHILDREN FOR 2 OR 3 DAYS/WEEK.

SNACKS ARE TO BE BROUGHT FROM HOME.