



**PRAIRIE VIEW**  
MONTESSORI <sup>TM</sup>

2624 Ginger Woods Parkway  
Aurora, IL 60502

Phone: (630) 978-7786; Fax: (866) 357-2874

Starting 20 \_\_\_\_\_  
\_\_\_\_\_ Children's House Fall  
\_\_\_\_\_ Children's House Other

*Prairie View welcomes all children without regard to  
race, color, gender or religious background.*

## application for pre-school/kindergarten

CHILD

\_\_\_\_\_  
Last First Middle Nickname (if any)

\_\_\_\_\_  
Birth date (Month/Day/Year) Age: years months

\_\_\_\_\_  
Place of Birth male female

**Date You Want to Start:**

**Previous School Experience:** (if applicable)

\_\_\_\_\_

\_\_\_\_\_  
Montessori School duration

**Sibling Application:**

\_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Other School duration

**Applying for:** Half Day \_\_\_\_\_ Full Day \_\_\_\_\_ Kindergarten \_\_\_\_\_  
3 Days \_\_\_\_\_ 4 Days \_\_\_\_\_ 5 Days (M-F) \_\_\_\_\_

Mom or Guardian

Dad or Guardian

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Cell Phone e-mail

\_\_\_\_\_  
Cell Phone e-mail

### OFFICE USE ONLY

Date Received \_\_\_\_\_

Date of Orientation Visit \_\_\_\_\_

Check Number \_\_\_\_\_

Date of Admissions Interview \_\_\_\_\_

**A \$200.00 check (one-time, non-refundable fee) must accompany this application.**  
**Please fill out the other side.**

**"Give Your Child A View Without Limits!"**

# child information

The following information will help us get to know you and your child better.

What are your goals and expectations for your child at Prairie View Montessori? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality and learning style? \_\_\_\_\_

\_\_\_\_\_

What do you see as your child's special interests and strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you describe your child's social development? \_\_\_\_\_

\_\_\_\_\_

In what area/s would you like to see your child develop? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child's general health? \_\_\_\_\_

Are there any other children living in the home? \_\_\_\_\_

How does your family enjoy spending time together? \_\_\_\_\_

\_\_\_\_\_

What is your approach to discipline at this time? \_\_\_\_\_

\_\_\_\_\_

Please outline any special educational, physical, or emotional needs of your child. \_\_\_\_\_

\_\_\_\_\_

How do you see PVM assisting you in meeting goals for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## FOR OFFICE USE ONLY

### ADMISSIONS REQUIREMENTS COMPLETED:

\_\_\_\_\_ application form

\_\_\_\_\_ child/family interview

\_\_\_\_\_ application fee

\_\_\_\_\_ child's school visit

\_\_\_\_\_ attendance at orientation meeting

\_\_\_\_\_ acceptance to PVM

**"Give Your Child A View Without Limits!"**