

RIVERDALE MONTESSORI SCHOOL
5720 Mosholu Ave
Bronx, New York 10471
Phone (718) 543-4884
Fax (718) 543-4252

KINGSBRIDGE MONTESSORI SCHOOL
2610 Grand Ave
Bronx New York, 10468
Phone (718) 561-8111
Fax (718) 561-4111

“a learning and play environment”

INTERVIEW FORM

Date: _____ School: _____

Name of Child: _____ Date of Birth: _____

Address: _____

Father's Name: _____ Address: _____

Occupation: _____ Phone # _____

Mother's Name: _____ Address: _____

Occupation: _____ Phone # _____

Contact in case of emergency (Name & Relation): _____

_____ Phone # _____

Previous Schools Attended: _____

Reasons for leaving: _____

Medical History

1. Is the child toilet trained ___ Yes ___ No If yes, at what age? _____

Any problems? _____

2. Is the child allergic to anything that might be used in school or any food?

3. Has the child had any serious illness? _____

4. Has the child shown preference for: ___ Right Hand ___ Left Hand

5. Does the child take a nap ___ Yes ___ No

6. What time does child usually go to bed at night? _____

7. Does child have any physical handicaps we should know about in order for his/ her school experience to be more beneficial to him/her?

Disposition of Child

1. How does child meet new situations and people? _____

2. How does child react to a group of children? _____

3. Does child prefer ___ Active Play ___ Quiet Play ___ Both

4. How does child react to an argument with another child?

___ Pinch ___ Bite ___ Pull Hair ___ Hit ___ Withdraw Other: _____

5. What type of activity does child most enjoy with:

Father: _____

Mother: _____

6. What type of things make child:

Happy: _____

Frustrated: _____

7. Does the child have any special fear? _____

8. Does the child's routine include cleaning up his belongings? _____

9. If the child does something wrong how is it handled? _____

10. How does the child react after discipline? _____

Family Unit

1. Who are the members of the child's family unit? List ages of brothers and sisters?

2. Amount of time spent with parents on a daily basis?

By Father: _____

By Mother: _____

3. Does child have any pets ___ Yes ___ No Name(s) _____

Montessori Method

How did you hear about this school and what do you like about the Montessori Method?

What type of environment do you feel would be most beneficial to your child at our school within this Montessori environment?

Is there anything special that we should know about your child that has not been covered in this questionnaire?
