

***Northern Neck Christian School***

**Preschool Admission Overview**

***Open House/Parent Tour:*** The parents of prospective applicants must visit our school during one of our scheduled times. During the visit, attendees will view a PowerPoint presentation about the Montessori education program by Ms. Joan Marie Parasine, the Preschool Director. Please contact the office and schedule to attend one of these tours. This is a “parent only” visit; we look forward to meeting your child once we’ve received your completed Application for Admission should you decide to apply.

## ***Application Package:*** For Applications to be considered, the following must be submitted by the Application deadline of July 1, 2019:

* A completed *Application for Admission* including any supporting documentation
* A completed *Parent Questionnaire*
* Proof of Identity as required by the Virginia Department of Social Services (VDSS)
* Parent ID-drivers license

***Child Visit:*** After we receive a completed application package, we will contact you to schedule an individual Child Visit. Your child will spend approximately 20 minutes in a classroom with one of our primary teachers. Sometimes some of the students are present at the time. During this visit, the teachers will have an opportunity to introduce your child to the Christian Montessori classroom and have him/her participate in some activities. You should plan to remain in the classroom during this visit.

***Decisions:*** After reviewing your complete application package and the applicant has completed a Child Visit, our Admissions Committee will meet to consider the applicant’s readiness for our Montessori program.

We will notify you of one of the following: that we are able to offer your child a place at NNCS; that your child’s application has been placed in the wait-pool; or that we cannot accommodate your child. Should a space become available, we reconsider all the applicants in the pool.



Date *Application Received*

Applicant’s Picture

*(Office Use Only)*

***Northern Neck Christian School***

***Pre School Application -* Part 1 of 2**

***School Year 2019-2020***

Full name of Applicant

First Middle Last

Nickname Male Female Age

Date of Birth **Please Circle**: Extended Day (until 3:30)? Yes or No

Month/Day/Year Aftercare (until 5:30)? Yes or No

Father/Guardian’s Name Home Address City State Zip Phone (H/W/C) Email

Occupation

Place of Business Business Address City State Zip Mother/Guardian’s Name Home Address City State Zip Phone (H/W/C) Email Occupation Place of Business Business Address City State Zip

Who is financially responsible for payment of fees? (Please give name and address if different from parents)

Applicant lives with Relationship

Brothers and Sisters (use separate sheet if necessary)

Age Male/Female

Age Male/Female

Age Male/Female What languages are spoken at home?

What is applicant’s first language?

Are you interested in a mid-year start, if no space is available in September? Y or N

Applicant’s Name

Previous School Experience: Please complete the following for all schools your child has attended. *We reserve the right to contact your child’s previous school(s) and/or your child’s former teacher(s).*

School Address Phone Dates of Attendance Teacher’s Name

I first learned of the Northern Neck Christian School through

Does the applicant have any known educational, psychological, speech/language, or learning difficulties? *Yes or No*. If yes, please explain (use separate sheet if necessary) and provide a copy of all test and evaluation results.

Is the applicant toilet trained? Note: Children ***must*** be toilet trained by the time they enter school.

Please initial the following statements:

## I understand that I am to provide proof of identity and age for my child

Initials

Date

Signature of Father or Guardian

Date

Signature of Mother or Guardian

*The Northern Neck Christian School admits students of any race, religion, sex, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate in the*

*administration of its educational policies, admissions policies, and other school administered programs.*

***Northern Neck Christian School***

**Parent Questionnaire – Application Part 2 of 2**

***Preschool Application***

At the Northern Neck Christian School, we believe that we are partners with the parents in the education of the child. This questionnaire asks you some specific questions about your child and family, the answers to which will help us get to know your child better. Please consider elaborating in the additional comments section in Part V or on a separate sheet any points which you feel are particularly pertinent or not adequately covered. Thank you.

Applicant’s Name Birthdate

#### PART I – FAMILY INFORMATION

Check if appropriate

Mother Deceased Parents Separated Mother Remarried

Father Deceased Parents Divorced Father Remarried

If the parents are separated, with whom does the child reside? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there other adults, other than the parents, involved in the regular care of the applicant (i.e. Step-parent, Grandparent, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what are their names, relationship to the applicant and how much time do they spend with your child?

Do these adults speak English? If not, what language do they speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will pick up the child if the child becomes ill at school? Does this person speak English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### PART II – MEDICAL INFORMATION

Does the child have allergies: Please circle: Yes or No.

To foods? Drugs?

Seasonal? Others?

Does the applicant have any chronic physical or medical conditions which may affect his/her ability to learn?

Describe:

Does the applicant have any chronic illness? Does this illness cause prolonged absences from school? Describe.

Does the applicant take daily medication at any time of the year? Describe condition and medication.

#### PART III – DEVELOPMENTAL INFORMATION

What group/school experiences has your child had? Please give dates:

What was your child’s response to these situations?

What are your child’s favorite activities and/or playthings?

Does your child separate easily from you and/or other caregivers?

Does your child have responsibilities at home? Describe

Which item(s) best describe your child’s learning style (check all that apply)?

Enjoys big movement Prefers to observe Self motivated Needs repetition

Likes working with hands Needs one on one Eager to try new things

Absorbs information by being read/talked to

How does your child interact with siblings? How does your child socialize with other children?

Describe your child’s personality? (shy, passive, assertive, confident, etc.)

How does your child respond to new situations?

Does your child have any particular or unusual fears?

Have there been any significant/traumatic events in your child’s life?

What are your child’s strengths?

Are there any areas in which your child may need help?

How many hours does your child watch television daily? Do you restrict your child’s viewing in any way?

Do you read to your child? How frequently? What is your child’s waking time? Bed Time? Does your child still take naps? If your child still naps, what is his/her usual naptime and duration?

#### PART IV – PARENTAL INFORMATION

Have you had any (positive or negative) experiences at the applicant’s current school that you would like to share with us?

Are both parents in agreement regarding educational goals for the child and approaches to child

rearing? Are you familiar with Montessori educational philosophy? What form of discipline do you use at home?

Does either parent travel frequently? How does the child react when the parent(s) are away?

#### PART V – SUPPLEMENTAL INFORMATION

Does anyone in your family have any specific traditions, skills, languages, or experiences which you might be

willing to share with your child’s class or the school in general? If so, please describe:

Questions you would like to have addressed or Additional Comments:

*It is our expectation that children who are enrolled in a Montessori program will complete the entire Montessori continuous curriculum that extends over three years including the capstone* ***Kindergarten*** *year. Parents should* ***only*** *accept our offer of placement into the Primary program who are truly committed to providing a complete Montessori educational experience for their child; and are open to providing an Elementary Montessori education, as well. Many Parent Education information sessions are held each year to help Primary parents learn how their child benefits from a Montessori Elementary education and hopefully, you will be able to attend at least one.*

Do you plan to keep your child at NNCS for the full three-year Montessori program, which includes the kindergarten year?

Yes or No. If not, at what age do you anticipate transferring your child?

At this point, do you foresee enrolling your child in our elementary program?

I certify that the answers provided herein are true and complete to the best of my knowledge.

Signature of Father/Parent/Guardian Date Signature of Mother/Parent/Guardian