



# Saigon Montessori Kindergarten Application for Admission

Photograph  
3×4

## GENERAL INFORMATION

Family name \_\_\_\_\_ Given name \_\_\_\_\_ (Nick name) \_\_\_\_\_

Date of birth (mm/dd/yy) \_\_\_\_\_ Place of birth (city/country) \_\_\_\_\_

Gender  Male  Female Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_

Address \_\_\_\_\_

Languages spoken \_\_\_\_\_ Proficiency in spoken English  None  Some  Fluent  Native

Child's previous school(s) \_\_\_\_\_

Intended start day (mm/dd/yy) \_\_\_\_\_

## CONTACT INFORMATION

Father's name \_\_\_\_\_ Nationality \_\_\_\_\_ Occupation \_\_\_\_\_

Name of company \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's name \_\_\_\_\_ Nationality \_\_\_\_\_ Occupation \_\_\_\_\_

Name of company \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Child lives with  Parents together  Father  Mother  Legal guardian  Other (*specify*) \_\_\_\_\_

Legal guardian's name \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

(Complete Guardian line if student is not living with one or both parents)

### Emergency contact (Guardianship of a child other than parents):

1. Name \_\_\_\_\_ Cell phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Cell phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

### Sibling information

1. Name \_\_\_\_\_ D.O.B (mm/dd/yy) \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ D.O.B (mm/dd/yy) \_\_\_\_\_ Relationship to child \_\_\_\_\_

## CHILD'S MEDICAL HISTORY

(Please attach the details of medical report if you child has serious medical condition)

Has your child been involved in any development support program?  Yes  No

(If yes, specify) e.g. speech therapy \_\_\_\_\_

Does your child have a formal or informal diagnosis of some type (Learning Disability, PDD, ADHD, etc.)? \_\_\_\_\_

(If yes, please describe history of who conducted testing, concluded diagnosis, approximate date of diagnosis, and enclose report) \_\_\_\_\_

Has child ever had any difficulty with hearing, seeing or other bodily function? \_\_\_\_\_

Describe any special help which was given to correct it \_\_\_\_\_

Does your child have any medical diagnosis, health, asthma, allergy issues?  Yes  No

(If yes, please indicate the substance(s) to which your child is allergic) \_\_\_\_\_

Is your child taking any medication? If so, name and dosage \_\_\_\_\_

Serious medical condition(s) \_\_\_\_\_

Food allergy \_\_\_\_\_

Other medical information the school should be aware of \_\_\_\_\_

What foods are particularly liked? \_\_\_\_\_

What foods are refused? \_\_\_\_\_

What time does child go to bed at night? \_\_\_\_\_

What time does child arise in morning? \_\_\_\_\_

Are there any sleeping problems? \_\_\_\_\_

Words she/he uses when needing to go to bathroom \_\_\_\_\_

Is your child completely potty trained, including dry at night? \_\_\_\_\_

Does your child dress and undress him/herself? \_\_\_\_\_

## FAMILY AND CHILD INTERACTION

Are there adults, other than parents, now living at home? \_\_\_\_\_

List child's favorite toys and activities \_\_\_\_\_

How much (TV, computer, smart phone...) does he / she watch? \_\_\_\_\_

What are his / her favorite programs? \_\_\_\_\_

Do you have any special concerns about your child? (*i.e. anxiety, fears, separation*) \_\_\_\_\_

What seems to help the problem? \_\_\_\_\_

How much does he / she get along with other children? \_\_\_\_\_

Describe any recurring fears your child exhibits \_\_\_\_\_

What is done to deal with these fears? \_\_\_\_\_

## DISCIPLINE

What methods of directing his / her behavior do you most often use?

- |  |  |
|--|--|
| <input type="checkbox"/> Redirection of interest                             | <input type="checkbox"/> Reasoning   |
| <input type="checkbox"/> Prevention of undesirable behavior before it occurs | <input type="checkbox"/> Threatening, if "you don't..., I will..."                                     |
| <input type="checkbox"/> Ignoring the behavior                               | <input type="checkbox"/> Comparing child with another  |
| <input type="checkbox"/> Scolding  | <input type="checkbox"/> Isolation   |
| <input type="checkbox"/> Spanking  | <input type="checkbox"/> Listening feedback to help child solve his own problem                        |
| <input type="checkbox"/> Depriving of some fun                               | <input type="checkbox"/> Substitution of one activity now until the desired activity can be done later |
| <input type="checkbox"/> Problem-solving to focus on real needs              |  |

Other methods: \_\_\_\_\_

## OTHER INFORMATION

What do you expect your child to get from our school as compared to another school? \_\_\_\_\_

- How did you hear about us?
- |   |   |
|---|---|
| <input type="checkbox"/> Friends / family | <input type="checkbox"/> Online community |
| <input type="checkbox"/> School sign      | <input type="checkbox"/> Others _____     |

**Required additional documentation**

The following documentation is required to complete your child application. Please bring a copy of all documentation and submit to the School by the time of enrollment.

- Passport or birth certificate
- 4 photographs size 3×4
- Hospital record or immunization record - must include an official signature (doctor, nurse etc.)

**CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT**

I hereby grant permission to Saigon Montessori staff to administer first aid and CPR and/or seek medical attention for my child, \_\_\_\_\_ in the event such treatment is deemed necessary, and I am unable to be contacted. I further consent to medical or surgical treatment by any licensed physician and/or hospital and further consent to administration of necessary anesthetics, medical treatment, tests, transfusion, injection, or drugs, and the performing of whatever operations may be deemed necessary or advisable during his/her stay in the hospital. I will pay for ambulance services if the staff deems it necessary to call them in case of an emergency.

I declare that the information supplied on this form is correct and complete. I acknowledge that the provision of incorrect information may delay the assessing of my application.

Further, I recognize that it is my responsibility to notify my child’s school should the above information change.

Signature \_\_\_\_\_

Date \_\_\_\_\_