Rancho Viejo Montessori School

29782 Avenida de Las Banderas
Rancho Santa Margarita, CA 92688
(949) 459 - 0199
www.ranchoviejoschool.com

2026 – 2027 School Year

____ Infant House (6 wk – 18 mo)
____ Toddler House (18 mo – 36 mo)
____ Children's House (3-6)
____ Elementary (6-12)

____ Sunrise Club (7 – 8:0 0 AM)
____ Sunset Club (until 6:00 PM)

STUDENT INFORMATION

Name _____
First Middle Last

Nickname _____ Male _____ Female _____ Telephone _____

Birthplace _____ Native Language _____ Birthdate _____/_____/_____

Address_____
Street City Zip

E-mail Address _____

Mother /Guardian

_____
Name
_____
Address
_____
Telephone
_____
Occupation
_____
Business Phone
_____
Cell Phone

Father /Guardian

_____
Name
_____
Address
_____
Telephone
_____
Occupation
_____
Business Phone
_____
Cell Phone

Brothers & Sisters

_____
Name Age
_____
Name Age
_____
Name Age
_____
Name Age

Grandparents

_____
Name
_____
Address
_____
Name
_____
Address

A non-refundable application fee of $100.00 must accompany this application.

Date _____ Parent Signature _____

QUESTIONNAIRE

What previous school experience or care outside your home has your child had? (List type of school and years attended)

_____

What do you hope your child will gain from a Montessori environment? _____

_____

What activities do you like to do as a family? _____

How much time do you spend with your child? _____

What are your child's favorite play materials? _____

Do you regard your child as happy? Affectionate?_____

Does your child accept new people easily? _____

Does your child have any fears? _____

What do you do to enhance your child's feelings of self-worth? _____

How would you describe your child's thinking ability? _____

What is your child's eating habits? _____ Sleeping habits? _____

When did your child walk? _____ Talk? _____ Is your child toilet trained? _____

What are your educational goals for this child? _____

_____

How do you see Rancho Viejo Montessori School facilitating these goals? _____

_____

What role can we expect the parents to play in facilitating these goals?_____

Does your child have any hobbies, sports, special interests, or unusual capabilities or talents? _____

_____

Does your child have special medical needs or allergies? _____

Does your child have any speech/hearing problems or learning differences or disabilities? _____

_____

Does your child have any special behavior problems? _____

_____

Do you have any comments that will add to our understanding of your child and his/her needs? _____

_____

Please give details and attach testing results, evaluations, and recommendations: _____

_____

I plan to keep my child in Montessori through: ____ Toddler House ____ Children's House ____ Elementary