**Lake Country Montessori**

**Prospective Parents Questionnaire Today’s Date:**

**Parent Name:**

**Phone Number**:       **Email:**

**Parent Name:**

**Phone Number**:       **Email:**

**Do both parents work?  Yes** [ ]  **No** [ ]  **Other:**

**1. Child’s Name:**       **Male** [ ]   **Female** [ ]   **Child’s DOB:**

**2. Child’s Name:**       **Male** [ ]   **Female** [ ]   **Child’s DOB:**

**3. Child’s Name:**       **Male** [ ]   **Female** [ ]   **Child’s DOB:**

**How did you hear about LCM?**

**If you did an internet search, were you looking specifically for a Montessori school?**

**Why do you want your child(ren) to attend LCM?**

**Has your child(ren) been in a school setting before?** **Yes** [ ]  **No** [ ]

**If yes, where?**

**Are you familiar with the Montessori philosophy of education?** **Yes** [ ]    **No** [ ]

**Are you familiar with the importance of the 3-year cycle? Yes** [ ]    **No** [ ]

**Are you familiar with LCM’s programs? Yes** [ ]    **No** [ ]

**Which LCM program(s) are you interested in?**

**3 days/week:** [ ]  **5 days/week:** [ ]  **Extended Day:** [ ]  **Day Care Before School:** [ ]  **Day Care After School:** [ ]

**Do you have any questions?**

**Thank you for completing this questionnaire.**

**The next step is for you to visit our school.  *Are there specific times and/or days that work best for you to set up an appointment to take a tour and observe our classroom(s)?***