**A picture containing shape

Description automatically generatedLake 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)?***