

## NDMA EARLY ENTRANCE QUESTIONNAIRE

Children are eligible to be assessed for early entrance to Kindergarten if they will turn five (5) years old or to First Grade if they will turn six (6) years old between September 1 and August 31. Please return this completed questionnaire, your child's birth certificate (which will be returned to you the day of assessment), and the NDMA Child Development Questionnaire to New Discoveries Montessori Academy by March 1 of the prior school year.

CHILD'S NAME: \_\_\_\_\_ VERIFIED  
DATE OF BIRTH: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_ TELEPHONE# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

1. List names and birth dates of brothers and/or sisters:

2. Is this child able to dress completely without help, except for tying shoes? \_\_\_\_\_  
Including tying shoes? \_\_\_\_\_ Able to dress in winter clothing? \_\_\_\_\_

3. At what age: Did your child walk? \_\_\_\_\_ Talk? \_\_\_\_\_ Was toilet trained? \_\_\_\_\_

4. [Check { ✓ } one]: Does your child prefer to play alone? \_\_\_\_\_  
With one or two other children? \_\_\_\_\_  
With a group of children? \_\_\_\_\_

5. [Answer with a number]:  
How many of your child's playmates are already in school? \_\_\_\_\_  
Entering kindergarten? \_\_\_\_\_  
Still too young for school? \_\_\_\_\_

6. What are your child's favorite play activities with other children?

7. What stories has your child particularly enjoyed?

8. What are your child's favorite television programs?

9. In what family activities does your child like to participate?

10. Are there limitations to physical activities? If so, state reason.

11. Child's present height \_\_\_\_\_  
Child's present weight \_\_\_\_\_

12. What have your child's preschool experiences been thus far? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If h/she has attended a nursery school or day care, list school's name, and number of years of attendance.  
\_\_\_\_\_

14. Please state the reasons why you wish your child to enter kindergarten or first grade early. Include your personal evaluation of your child's exceptional mental ability, and social and emotional maturity. Since you spend so much time with your child, your observations are important.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Parent/Guardian

***Special Note:***

- To be given consideration, please;
- Return completed questionnaire
  - Attach a copy of the child's birth certificate
  - Return completed child development questionnaire
  - Return these items *by March 1<sup>st</sup>* to:

**New Discoveries Montessori Academy**  
**Attention: Administration**  
**1000 5<sup>th</sup> Avenue SE**  
**Hutchinson, MN 55350**