



Montessori International Academy Observation/Visit Form

~Thank you very much for visiting Montessori International Academy~

1. Child's Name: _____
Last First Middle

2. Child's Name (Japanese): _____

3. Birth Date: _____

4. Sex: M / F

5. Parents' or Guardians' Names: _____

6. Address: _____

7. Phone Number: _____

8. Email Address: _____

9. How did you hear about us? (Please circle one)

- a. Website
- b. Referral Who were you referred by? (_____)
- c. Lighthouse, Magazine, Web advertisement, or etc. (_____)
- d. Walk-in
- e. Parent workshop, or Open House
- f. Other (_____)

10. Which Japanese magazine or website do you read?

(Ok to multiple answers.)

_____ Lighthouse _____ Bridge USA _____ ViviNavi _____ Weekly LALALA
_____ US Frontline _____ Other (_____)

11. Understanding of Montessori education (Please circle one)

- a. Know a lot about it
- b. Read about it
- c. Heard about it
- d. No understanding

12. What do you value most in a school? (Choose your first choice)

- a. Academics
- b. Independence
- c. Manners
- d. Other (_____)

13. What are your interests in Montessori International Academy?

14. Any thoughts after observing the school?

~If you wish to be on our waiting list~

15. There is currently a waiting list. We will contact you when a spot is available. Please understand that if we do not hear from you within 24 hours, your spot on the waiting list may change. Initial ()

16. Your spot on the waiting list may change due to maintain the balance of gender and age group in each classroom. Initial ()

17. There is a \$10 fee to be on the waiting list (Non-refundable). You will be notified when a spot opens up in the new school year. Those on the waiting list are welcome to our special parent workshop. Initial ()

18. Would you like to be on our waiting list? Yes () No ()
If yes, please answer #19, # 20 and #21.

19. Pre-school (9:00am – 3:00pm)

5 Days ()
3 Days ()
5 Days 2 Year Old Class ()
5 Days Half Day 2 Year Old Class () (9:15am – 12:30pm)

20. Will your child be in Morning and/or After School Child Care? (Please circle one)

a. Yes
i. () Morning Child Care 8:00am-9:00am
ii. () After School Child Care 3:00pm-6:00pm
b. No

21. Starting date

Year () Month ()

Office Only:

Registration Fee
Waiting List

Paid
Registered