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**First Visit information and questionnaire**

*This document has two pages*

**Everything is this document is confidential.**

**Visit date:** ……………………………….

**Mother’s Last Name:** …………………………………………………………………………………………….

**Mother’s First Name:** …………………………………………………………………………………………….

**Local Phone Number:** …………………………………………………………………………………………….

**What’s App:** …………………………………………………………………………………………………………

**E-mail address:** ………………………………………………………………………………………………………

**Father’s Last Name**………………………………………………………………………………………………..

**Father’s First Name:** ………………………………………………………………………………………………

**Local Phone Number:** …………………………………………………………………………………………….

**What’s App:** …………………………………………………………………………………………………………..

**E-mail address:** ………………………………………………………………………………………………………

**Child’s Last name:** ………………………………………………………………………………………………..

**First name:** …………………………………………………………………………………………………………….

**Date of Birth (DD/MM/YYYY) :** ……………………………………………………………………………………..

**Gender:** ………………………………..

**If 3 years and above is he toilet trained during the day? Yes No**

**District Address :** ……………………………………………………….

**Time of expatriation left in ivory Coast**: ………………………………………………

**What level are you interrested in ?**

 **la Communauté enfantine (Crèche – petite section : 15 mois - 3 ans)**

 **La Maison des enfants (Maternelle – petite section à grande section - 3-6 ans)**

**Please take a couple of minutes to answer some questions.**

**Why do you wish to enroll your child in a Montessori School?**

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**What knowledge do you have about Montessori pedagogy?**

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**What Are Your Child’s Greatest Strengths?**

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### ****How is your Child Doing Socially?****

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### ****What Areas Does Your Child Need Improvement In?****

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### ****What Does Your Child Enjoy Doing at Home?****

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### ****Is There Anything Going on in Your Child’s life that I Should Know About?****

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**How did you get to know about the school?**

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