



This questionnaire is intended to help you child's teacher better understand your child. Answering these questions is to be done voluntarily and all information will be kept confidential. Please complete this form and submit it with your enrollment form. Thank you!

Name of Child: _____ Birth _____
Date: _____ Date _____

Are both parents living at home with your child? Yes _____ No _____

If not, please describe custody/guardianship arrangements: _____

Siblings:	Name	Age
	_____	_____
	_____	_____
	_____	_____

Are there any other people living with the child? _____

Is there a second language spoken in the home and if so which one? _____

Have there been any unusual occurrences in the life of your child which have been traumatic or difficult such as a death, divorce, or accidents? If so please describe: _____

Does your child have any special needs, physical handicaps, speech problems or learning disabilities we should be aware of? _____

Is there any information that may be helpful to us about your child? _____

What previous preschool or daycare experience has your child had? _____

OVER

Is your child involved in extra-curricular activities? _____

How many hours a day does your child watch T.V.? _____

How do you discipline? _____

Is your child on a daily schedule/routine? _____

When did your child start talking? _____

What is your child's bed time? How many hours of sleep? _____

Does your child play video games? If so, are they educational? _____

Does your child have special names for personal objects? _____

What are your expectations for your child at Our Montessori School this year? _____

Can you volunteer? (Please circle) YES NO

If yes, in what capacity?

Parent/Guardian Signature _____

Parent/Guardian Signature _____