



www.montessoricottage.com

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All About Me

We would like to know as much as we can about your child so that s/he can have the most positive pre-school experience possible. Please take a few moments to answer the following questions and feel free to add any information that you feel may be helpful in getting to know your child.

Child's Name _____ Today's Date _____

Birthdate _____ Person Filling out Form _____

Home & Family

Does your child have any siblings? If so what are their names and ages?

Who lives at home with your child?

Do you have any pets?

What is a typical week day like for child?

What is a typical weekend for your family?

What activities does your family do together?

What are some of your child's interests?

Sleep Habits

Time child wakes: _____

Time child goes to bed: _____

Does your child nap? _____ If yes, from and to what time? _____

Does your child sleep in a crib or a bed?

Does your child have a preferred position to fall asleep?

Does your child sleep through the night? _____ If no, please explain:

Eating Habits

Does your child have any food allergies?

What is a typical breakfast for your child?

What time and where does your child eat breakfast (at the kitchen table, in front of the TV, in the car)?

Does your child eat fruits and veggies?

Does your child use a: (Please check all that apply)

Bottle Sippy Cup Cup without lid

What are you child's favorite foods?

Social/Emotional

How does your child interact with other children his or her age?

Does your child prefer to interact with children of a different age group? If so, does s/he prefer older or younger children?

How does your child interact with other adults?

Does your child prefer interactive or solitary play?

Does your child separate from you easily or with difficulty? If, with difficulty, what do find is helpful to ease the transition?

What behaviors do you discipline?

What discipline techniques do you use?

How does your child follow adult direction?

- Usually complies willingly
- Usually complies but with resistance
- Everything is a battle!

Independence

Is your child toilet trained?

Does your child use the bathroom independently?

If no, please explain:

Do you have stairs in your home?

Can your child use stairs? *Choose one and feel free to comment*

No

Yes, but with assistance

Yes, independently

What independent dressing skills does your child have? (Check those which apply)

Coat
on/off

Shoes
on/off

Socks
on/off

Shirt
on/off

Pants
on/off

Underwear
on/off

What types of toys does your child enjoy playing with alone?

What is the typical length of time that your child entertains her/himself?

Language

How old was your child when s/he used his/her first words?

How does your child express his/her needs: (Please choose one)

with gestures

with one word

with simple phrases

in complete sentences

Does your child understand simple commands: (Please choose one)

with gestures

without gestures

Do other people generally understand your child: (Please choose one)

with your translation

without your translation

General

What do you see as your child's strengths?

Do you have any concerns, about your child, that you want the staff to be aware of?

What are your expectations/hopes for your child's pre-school experience this year?

Why did you choose Montessori Cottage for your child?

Do you have any parenting issues/concerns that you would like guidance with?

In three words, please describe your child:

a)

b)

c)

Additional Comments:

Thank you for sharing this information about your child with us!