

Every child is different! In order to provide the smoothest transition into our program we would like to learn about your child. Please take a moment to complete the form below.

Student Name _____ Birth Date _____

Father _____ Employer/Occupation _____

Mother _____ Employer/Occupation _____

Marital Status Single Married Domestic Partners Widow/er Divorced

Custody/Visitation _____

Is your child adopted? _____

Sibling names and ages _____

Other family members at home _____

Names of playmates _____

1. Has your child ever been cared for by someone other than parents? Was this outside of your home? How did s/he react? How do you feel when you leave him/her?
2. Other than you, who are your child's caregivers?
3. How does your child react to ... Strangers? Stress? New situations? Group situations? What makes your child fearful?

- 12.** What is the usual mealtime routine? Are mealtimes at a set time? What time and with whom?
Does your child help with preparations? If so, how?
- 13.** Have there been any major changes in your family lately (e.g., new baby, move, separation, etc.)?
- 14.** Does your child have any special needs to be considered?
- 15.** Does your child have any allergies, sensitivities or chronic health concerns, along with long-term medications? If so, how does the child respond to such medications? (You will also have opportunity to expound more on the allergy questionnaire included in this packet)
- 16.** What other things would you like us to know about your child to help with the transition into our program?
- 17.** Why did you choose Montessori for your child?