

Kid's Town Montessori School

Questionnaire & Personality History

Child's Name _____ Date of Birth _____

Parent's Name _____

Address _____ Phone _____

Daytime Phone: Father's _____ Mother's _____

Child lives with: Both Parents _____ Father _____ Mother _____ Other _____

Why did you choose a Montessori Program for your child?

What do you hope your child will gain through the experience of a Montessori education?

Please list brothers and sisters names, date of birth, and school that they attend.

How would you describe your child (temperament, interests, sensitivity, etc)?

Has your child been separated from you and your home before?

How would you describe your child's social interaction with other children?

Is your child use to working in- group settings? _____

Describe:

Does he/she often play alone or with friends?

What is the primary language of your child? _____ Does he or she speak any language other than English? _____

General Health Information

Please indicate any information that applies to your child.

Does he/she take regular medications? _____

Does he/ she have any allergies? _____

Does he/ she have any impairment of hearing? _____ Speech _____

Does he/she have any physical disabilities? _____

Other comments

Developmental Information

Please give child's age.

Sat alone _____

Crawled _____

Babbled _____

First Word _____

Walked alone _____

Three word Sentence _____

Please indicate any special problems, needs or any information you wish the school to know about your child. For example: allergies to foods or medicines, fears, sun sensitivity, etc.
