

Background Information Form

Dear Parents,

This form is very important in helping your child's teacher ease your child's transition into school and will help them get to know your child (physically, emotionally, etc.)

Please fill in all sections.

Thank you,
MCS Staff

Child's Name

Nick Name

Date of Birth

1. Has your child had any previous school or child care experience? _____
If so, please give name and type of school and length of attendance: _____

2. Does your child take a nap? _____ If yes, when/for how long? _____

3. Where does your child sleep at night? Own bed ___ Crib ___ w/ sibling ___ w/ parents ___

4. What is your child's bedtime? _____ How many hours does he/she sleep at night? _____

5. To what degree is your child toilet trained? Please check the one that best applies to your child at the present time.

Fully _____ Mostly _____ Partially _____ Just started _____ Not yet _____

If applicable, please describe any times/circumstances when/where your child still wears a "pull-up" or diaper? _____

Does your child have any special word for toileting? If so please note: _____

6. Check all those that would best describe your child's appetite:

always hungry _____ eats at mealtime _____ snacks all day _____ never hungry _____

has to be coaxed to eat _____ snacks _____ picky eater _____ will eat anything _____

If your child was breast fed, at what age did he/she stop? _____

Please list any foods your child may not or cannot eat and explain circumstances (i.e. due to allergies, religious customs etc.) _____

7. Please check those characteristics that would most generally/often apply to your child:

even tempered _____ stubborn _____ competitive _____ shy _____ outgoing _____

assertive _____ aggressive _____ sensitive _____ submissive _____ very active _____

happy _____ curious _____

likes to debate before doing what is asked of him/her _____

usually does what is asked of him/her _____

usually needs a reminder before doing what is asked of him/her _____

List other behaviors characteristic of your child. _____

8. What are your child's special interests? singing _____ crayoning _____ stories _____
music _____ animals _____ vehicles _____ dolls _____ painting _____
others _____

What are your child's favorite inside activities? _____

Does your child watch television or videos? _____
If so, what is the average amount of time he/she spends daily watching television or videos?
_____ What are his/her favorite shows/videos? _____

What are your child's favorite outside activities? _____

9. Please list and explain any previous or current fears or anxieties your child has experienced.

10. Why did you choose a Montessori school for your child? _____

11. What would you like to see the school develop in your child? _____

12. Describe your child's general state of health and note any previous hospitalizations,
surgeries. _____

13. Specify any special educational, physical or emotional needs of your child. _____

14. Were there any complications during pregnancy or childbirth or a premature birth? _____

If yes, please describe: _____

FAMILY INFORMATION

Mother's Name: _____ Occupation: _____

Education: _____ Hobbies: _____

Father's Name: _____ Occupation: _____

Education: _____ Hobbies: _____

Parent's Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

If there are other adults living in the household please include that information here:

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

Please list student's siblings here:

Name	Date of Birth	School Attending & Grade	M/F
Name	Date of Birth	School Attending & Grade	M/F
Name	Date of Birth	School Attending & Grade	M/F
Name	Date of Birth	School Attending & Grade	M/F

Are there any pets in the home? _____ If yes, please list type of animal/s and name/s:

List favorite activities you enjoy doing with your child or as a family: _____

Describe the types of discipline utilized in the home: _____

List the languages spoken in the home: _____

If other than English, please describe your child's ability to understand and/or speak English,

List any key words we should know in your child's primary language: (i.e. food/hungry, bathroom/potty, or water/thirsty, etc.)

List any special holidays or traditions celebrated in the home: _____

Please share with us what you know about the Montessori Philosophy? (Please list any specific Montessori books or materials you have read.) _____

Please use the space below to note any *other* information you would like to share with us about your child or family.