

MONTESSORI COUNTRY SCHOOL

P.O. Box 272, Herndon, VA 20172-0272, 703-437-8285



CHILD BACKGROUND INFORMATION

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, using N/A if not applicable.**

Child's First Name Last Name Nick Name M/F Date of Birth

FAMILY INFORMATION

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

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

Siblings:

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

Other adults/family members living in the household:

Name	Relation to Child
_____	_____
_____	_____
_____	_____

- Has your child had any previous school, child care or other group experience? (playgroup, Sunday school, parent/child class)
 - School Name _____ Location _____ Dates _____
 - School Name _____ Location _____ Dates _____
 - School Name _____ Location _____ Dates _____

2. List the languages spoken in the home: _____

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

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

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

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

6. 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: _____

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

always hungry _____ eats at mealtime _____ snacks _____ snacks all day _____
never hungry _____ picky eater _____ will eat anything _____ has to be coaxed to eat _____

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) _____

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

even tempered _____ stubborn _____ competitive _____ shy _____ outgoing _____
assertive _____ aggressive _____ sensitive _____ happy _____ submissive _____
very active _____ curious _____ debates before doing what is asked of him/her _____
usually does what is asked of him/her _____ needs a reminder to do what is asked of him/her _____

List other behaviors characteristic of your child. _____

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

10. 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? _____

11. What are your child's favorite outside activities? _____

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

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

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

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

