

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: _____

Mom Cell Phone: _____ Mom Email: _____

Father's Name: _____ Occupation: _____

Dad Cell Phone: _____ Dad Email: _____

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

Siblings:

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 _____

Other adults/family members living in the household:

Name _____	Relation to Child _____
Name _____	Relation to Child _____
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 _____
- 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. _____

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

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

If yes, please describe: _____

18. Is your child adopted? YES / NO If yes at what age? _____ Does he/she know? _____

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

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

21. Describe the types of discipline utilized in the home: _____

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

23. 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.
