



Application for Admission – Part II

Child Profile Questionnaire

Child's Name _____ Date of Birth _____

Nickname, or the name you would like us to use at school _____

With whom does the child live? _____

Please describe your child's **daily routine** (note whether they need help in any area):

Tooth-brushing _____ Hair brushing _____

Toileting _____

Breakfast _____ Lunch _____

Dinner _____ Snacks _____

Play activities _____

What are your child's **favorite** games and activities at home? _____

What are your child's **least favorite** things to do? _____

What time does your child go to bed? _____ Get up? _____ Nap? _____

Does your child watch TV? If so, what programs or videos and with whom? _____

At what age did your child begin to speak? Does s/he speak in 2-3 word phrases, or sentences?

If a language other than English is spoken at home, which language(s), and by whom?

Has your child experienced any emotional events such as divorce, or death in the family? Please explain:

How do you discipline your child? _____

Does your child have any fears? _____

Do you have any reports from child psychologist evaluation(s) you can share with us? _____

General health of your child: _____

Was your child breastfed, bottle fed, or a combination? (We ask this question solely to enable us to know whether your child will have a need we will not be able to meet at school. If you would rather not provide this information, please feel free to leave the answer blank)

Is s/he weaned yet? _____ If yes, at what age? _____

Please list childhood diseases/conditions that your child has had (chicken pox, chronic ear infections, asthma, allergies etc.)

Is your child taking any medication on a regular basis? If so, please explain _____

Please give a brief account of your child's birth (how long was labor? Which medications were used? What type of delivery was used? What was your child's birth size? Were there any complications?)

If your child was adopted, at what age did s/he join your family? _____

If you know their prenatal and birth history, please describe _____

What words come quickly to mind when you describe your child? _____

What aspects of your child's personality lead you to believe that s/he would thrive in a Montessori learning environment?
