



# 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?

\_\_\_\_\_

\_\_\_\_\_