

Montessori Center of Downriver

Help Us Get To Know Your Child

Child's Name

Date of Birth

Does your child go by any other name than their given name?

Has your child been previously enrolled in daycare or preschool? If so, what was your reason for leaving?

Do you anticipate any difficult times for your child at school?

Please list all people living in your household (list age of siblings).

Is there more than one household?

Please list adults and their relationships outside of the home that are directly involved in your child's life.

Does your child have any fears or anxious feelings that we should know about? (ie, fear of animals, loud noises)

Does your child have any known allergies?

Has your child ever been stung by a bee or wasp? If so, what was the physical reaction?

Does your child nap? If so, at what time and for how long?

Does your child use a comfort item for sleep or nap?

Who will be bringing your child to school? Will this person be likely to have difficulty separating from the child?

How long has your child been potty trained?

Does your child need reminders to use the bathroom?

Does your child need assistance in the bathroom?

Does your son stand or sit to urinate?

Does your child eat independently?

Does your child use utensils?
