

An Introduction to Your Child

Name of Child _____ Date of Birth _____

Parents' Name _____

Name of person completing this form _____

Child's Nickname _____

1. In what way did you hear/learn about Country Meadows Montessori School?
2. What have you read or know about the Montessori approach to learning?
3. What are the expectations you have for your child in our Montessori program?
4. Because of the importance of the 3 year cycle in each classroom, we ask for your commitment to enrolling your child until the end of the third year. Are you willing to make this commitment?
5. It is our expectation at Country Meadows that parents will commit to their child's overall education by attending parent meetings, social school functions, and in the school's fundraising endeavors. Please give an explanation of your intentions.
6. Briefly describe your child's temperament.
7. Has your child been away from you before? (Any nursery school, daycare, pre-school, in-home sitter or prolonged vacations or separations from parents?)
8. Are there siblings living in the home or visiting periodically? If so, what are their names and ages? Do they live in the home?
9. Are the parents separated or divorced or either parent deceased?

10. Does your child have any fears?
11. Is the child toilet trained? Partially or completely? Can they take care of their toileting needs or do they require assistance (desire to use the bathroom, undressing/dressing, wiping, washing hands)?
12. Does the child nap? If yes, how long and what time of day? Is there a nap routine? Explain.
13. What is your child's daily routine?
14. What kind of self-care activities (dressing, washing, eating, cleaning, etc.) is your child encouraged to do by himself?
15. At what age did your child talk?
16. What types of toys does your child prefer?
17. What activities are performed as a family?
18. What activities interest your child?
19. Does your child participate in any special activities (gymnastics, dance, sports, scouts, taekwondo, swimming, etc.)?
20. What are the ground rules in your home and how do you discipline?
21. What is your child's reaction to being disciplined?

22. Is or has your child been under any medical care? If yes, what type?
23. Does your child take any medication of any kind and how often? Does this restrict the child in any way?
24. Any family medical history (allergies, diabetes, familial diseases)?
25. Does your child have any cognitive, physical or emotional conditions? Please explain.
26. What adjectives would you use to describe your child?
27. Does your child display any type of consistent behavior we need to be made aware of? Please describe and what are the typical consequences?

Please respond to the following in order that we may get to know your child better. Additionally, it will give us an idea of your child's level of independence. Put a check in the most appropriate column.

My child:	Rarely	Often
Puts on and takes off his clothing		
Puts on and takes off gloves		
Puts on and takes off coat, jacket and sweater		
Puts on and takes off boots		
Fastens his zipper		
Fastens his buttons		
Ties shoelaces or bows		
Drinks from a bottle		
Wears pull-ups/diapers at night		
Drinks without spilling from a cup		
Drinks without spilling from a glass		
Fills a glass without spilling		
Feeds himself using a spoon		
Feeds himself using a fork		
Uses a knife for spreading/cutting		
	Needs help	Needs no help
Washes his hands and face		
Goes to the toilet by himself		
Follows simple directions without being reminded		
Able to tell what he wants or needs		

My child:	Yes	No	Just Beginning
Takes turns with other children			
Takes good care of things he uses			
Puts toys away when asked			
Helps with chores around the house			
Has “playdates”			

My child:	Yes	Needs help	No
Jumps			
Skips			
Hops on one foot			
Alternates feet going up and down stairs			
Colors pictures within lines			
Builds with blocks			
Works a puzzle			
Throws a ball			
Catches a ball			
Bounces a ball			
Plays outside			

My child:	Yes	No	Just beginning
Speaks English			
Understands English			
Talks in sentences			
Says rhymes, sings songs			
Names things when I point to them			
Names clothing			
Names parts of body			
Names animals			
Names furniture			
Names the letters of the alphabet			
Counts			
Tells “how many”			
Recognizes numbers			
Names coins			
Tells time			

My child:	Often	Rarely	Sometimes
Looks at books			
Listens to music			
Watches television			
Plays on jungle gyms			
Used to playing alone for long periods of time			
Used to playing with younger children			
Used to playing with older children			
Goes outside to play			
Rides a tricycle or bicycle			

My child:	Yes	No
Knows own name		
Knows last name		
Knows address		
Uses a cell phone		
Can write name – all capital letters		
Can write name – lower case letters		
Can read – how many words		

Are there any other things you would like for us to know about your child?

Our school community and its diversity require parental participation; we are a family oriented educational organization. We require each family to contribute a minimum of volunteer hours each school year in the form of assisting in our fund-raising activities, carpooling/chaperoning on field trips, simple classroom maintenance, organizing parent duties for special events/parties, making materials for the classroom or any other way you feel you can contribute your time and talents. Please indicate below what types of participation you would be will to contribute to our school community.

Signature: _____ Date: _____

PARENTAL QUESTIONNAIRE FOR SPECIAL NEEDS CHILDREN

The following questions should be completed by parents if their child has any special needs mentally, socially, physically, or physiologically.

1. What is the nature of the special problem?
2. Does it involve behavior problems?
3. Have you consulted anyone professionally about this problem?
4. Is the child under medical care? What type?
5. Name of doctor?
6. Has your physician, pediatrician, or psychiatrist recommended Montessori or any other type of educational program?
7. How long has your child been under such care?
8. Does he approve of sending the child to a Montessori school?
9. Is the child restricted in any way?

A certificate from the doctor(s) under whom the child is being cared for, is required on all "special" children. This is filed with the child's personal record in the school office, accessible to teachers for reference.

Children in this category are admitted on a probationary period of four to six weeks***