

New Enrollment Questionnaire

Child's Name: _____ Birthdate: _____ Age: _____

Siblings: _____ Age _____

_____ Age: _____

_____ Age: _____

Who takes care of your child besides the parents? _____

What is the schedule for alternative caregivers? (regularly scheduled or sporadic) _____

Please list your child's preschool or day care experience:

Name of facility	Starting date (mo/yr)	Ending date (mo/yr)
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Give any helpful information about daily routines (naps etc.) _____

Was your child's birth process natural or cesarean? _____

Were there any complications during the birth process? _____

If yes, please explain briefly: _____

Does your child watch T.V.? _____ How long: _____ daily

Does your child play video games? _____ How long: _____ daily

Does your child use the computer? _____ How long: _____ daily

Does your child participate in household chores, duties or other family responsibilities?

Does your child generally prefer to do things independently and try new things?

Please list five adjectives which describe your child:

How would you describe your child's self image? _____

How would you describe your child's personality and learning style? _____

Does your child have any hobbies, sports or special interests or unusual capabilities or talents? _____

Is your child potty trained and if not to what extent does he/she need assistance?

Does your child have any foreign language background or experience? _____

What is the primary language spoken in your home? _____

Can your child respond to questions, commands and express his/her needs in English? _____

Please describe any special traditions that you celebrate in your family:

Does your child regularly see Grandparents and /or extended family? _____

Briefly describe relationships: _____

Describe your child's peer relationships: _____

Are you aware of any areas in which we might be able to give special help and encouragement to your child? _____

Do you have any concerns about your child? Please state any special services (i.e. speech therapy, occupational therapy, psychological counseling) that your child has received or is still receiving. This information is held in strict confidence and is intended to assist the staff in working with your child. _____

Please list three activities your child enjoys:

Does your child enjoy music, storytelling, finger plays etc.?_____

Please list any fears your child may have (i.e. thunder, the dark, characters):_____

What expectations/goals do you have for your child in sending him/her to a Montessori
Preschool?_____

What would you like to learn about Montessori education at parent meetings this
year?_____

What other topics related to child development would be of interest to you as a part of a parent
education program?_____

Please use this space if there is any additional information about your child that you would like
to share:_____

Parent Signature:_____ Date:_____

