

# Eastlake Montessori School - Student/Parent Information Form

Today's Date: \_\_\_\_\_

Child's name \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Additional home address if child lives in multiple homes \_\_\_\_\_

\_\_\_\_\_ Home Phone # \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Siblings (names and ages) \_\_\_\_\_

Pets \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Have you observed any nervous habits? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_

Food Habits:

Which meals does your child eat with the family? \_\_\_\_\_

Favorite foods \_\_\_\_\_

Disliked foods \_\_\_\_\_

Sleep Habits:

How many hours does your child sleep at night? \_\_\_\_\_

Does your child nap during the day? \_\_\_\_\_ How long? \_\_\_\_\_

Toilet Habits:

Is your child toilet trained? \_\_\_\_\_ At what age? \_\_\_\_\_

What word used for urinating? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

Social Experiences:

With whom does your child play with at home? \_\_\_\_\_

His playmates are: older \_\_\_\_\_ younger \_\_\_\_\_ same age \_\_\_\_\_

Has your child ever stayed with a sitter? \_\_\_\_\_

Has your child ever attended a day care or other experience outside of home care? \_\_\_\_\_ What? \_\_\_\_\_

Did he enjoy the experience? \_\_\_\_\_

Discipline:

Who disciplines the child at home? \_\_\_\_\_

What methods are used? \_\_\_\_\_