

Eastlake Montessori School - Student/Parent Information Form

Start 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 _____

What languages are spoken at home? _____

Does your child have any fears? _____

Have you observed any nervous habits? _____

Under what circumstances? _____

What are your hopes and dreams for your child? _____

What goals do you have for your child at school? _____

Any concerns or other things you feel we should be aware of? _____

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? _____