

# BEYOND MONTESSORI

(One form filled out per child in family please)

## Help us get to know your child ....

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_

Current Placement at school: \_\_\_\_\_

### Sleep Patterns: (check all that apply)

Is your child a light sleeper, sound sleeper, night owl, early riser ?

How many hours on average does your child sleep each night? \_\_\_\_\_ hours

Does your child have nightmares? Yes Frequently Occasionally No

If your child has not had enough sleep how is his/her behaviour affected? \_\_\_\_\_

Additional information concerning your child's sleep patterns \_\_\_\_\_

### Diet: (check all that apply)

Would you classify your child as a picky eater, healthy eater ? Details: \_\_\_\_\_

Do you feel that your child's diet is healthy, in need of attention? Details: \_\_\_\_\_

### Toileting: (complete only if applicable)

Did your child experience any problems with toilet training and/or do you have toileting concerns of which we should be aware? Explain: \_\_\_\_\_

### General Information:

Did you move in the first five years of your child's life? If so how far and how many times?

Does your child prefer to play alone or in a group? Details: \_\_\_\_\_

Does your child have any known fears or anxieties? (i.e. loud noises/voices, dark, separation etc.)

Details: \_\_\_\_\_

Does your child adjust to change easily, with excitement, with anxiety? Explain: \_\_\_\_\_

Does your child have tantrums? No Occasionally Often If yes, how are these situations handled at home?

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Is your child able to take direction positively? Yes No Explain: \_\_\_\_\_

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Is your child easily distracted, only able to focus on certain tasks, able to focus when necessary?

Explain: \_\_\_\_\_

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Does your child enjoy reading/stories? Yes No Explain: \_\_\_\_\_

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Does your child enjoy school Yes No Explain: \_\_\_\_\_

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Is there any Family History that in your opinion may have affected or been remembered by your child?

(i.e. death, car accident, divorce etc). \_\_\_\_\_

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Did your child attend other daycares or schools prior to coming to here? If so, where did your child attend, for how long and, if possible, why did he or she leave? \_\_\_\_\_

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Why did you choose Beyond Montessori School ? \_\_\_\_\_

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Do you have any specific expectations for your child for this year? \_\_\_\_\_

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Any additional information that you wish to share with the teachers of your child: \_\_\_\_\_

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Thank you for sharing this valuable information with us. Please be assured it will be held confidential and only shared with pertinent Beyond Montessori School Staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_