

The Montessori Day School, Inc.

5801 Carmel Avenue N.E.

Albuquerque, NM 87113

(505) 822-0140

2010 - 2011

Toddler/Preschool Child Profile Questionnaire

Initial Enrollment Information

Child's Name: _____ Birth Date: _____

With whom does the child live? _____

Please describe your child's daily routine: (note whether they need help in any area)

Teeth Brushing _____ Hair Brushing _____

T o i l e t i n g _____

Breakfast _____ Lunch _____

Dinner _____ Snacks _____

Play _____ Activities _____

What are your child's favorite games and activities at home? _____

What are your child's least favorite things to do? _____

What time does your child go to bed? _____ Gets up? _____ Nap? _____

Does your child watch TV? If so, what programs or videos and with whom?

At what age did your child begin to speak? Does he/she speak in 2 -3 word phases, or sentences?

If a language other than English is spoken at home, which language(s), and by whom?

Has your child experienced and emotional events such as divorce, or death in the family? Please explain

How do you discipline your child?

Does your child have any fears?

Do you have any reports from child psychologist evaluation(s) you can share with us?

General health of your child:

Was your child breast fed, bottle fed, or a combination?

Is he/she weaned yet? Y ___ N _____ If yes, at what age?

Please list childhood diseases / conditions that your child has had (chicken pox, chronic ear infections, asthma, allergies, etc.):

Is your child taking any medications on a regular basis?

Please give a brief account of your child's birth (How long was labor? Which medications were used? What type of delivery was used? What was your child's birth size? Were there any complications?).

If your child was adopted, at what age did he/she join your family?

If you know their prenatal and birth history, please describe:
