

Heights Garden Montessori School

Child Information Sheet

1. Child's name _____ Nickname _____

2. Child's birthday _____

3. Mother's name _____ Occupation _____

Hobbies _____

4. Father's name _____ Occupation _____

Hobbies _____

5. People in household: Brothers and sisters -

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Others -

Name _____ Age _____

Name _____ Age _____

6. Pets? _____ Kind(s) and name(s)

7. Allergies? To what? _____

How are they manifested? _____

Is your child taking medicine for it? _____

8. Within the past 12 months, has your child been hospitalized?

Any medical problems for which your child is under medical care? _____

Any special precautions which should be taken because of this?

9. Is your child usually: Active? Sedate? Quiet? Aggressive?

10 Eating habits: Does he eat much? _____

Time of day? _____ Fast or Slow?

11. Does your child usually nap? How long? _____

12. Any unusual habits?

13. Has your child had any emotional upset lately that would affect their behavior? (new baby, move, surgery, etc.)

