

STUDENT INFORMATION SHEET – MONTESSORI TODDLER



For the teacher; please return this information sheet with the Enrollment Form.

PLEASE PRINT

Child's Name _____ Birthdate _____

Parents' Name(s) _____

E-mail (for classroom newsletter/info) _____

Brothers & Sisters:

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Will your child use Before School Care? ___ yes, daily ___ yes, occasionally ___ no

Will your child use After School Care? ___ yes, daily ___ yes, occasionally ___ no

Are parents separated or divorced? _____ If yes, who has legal custody? _____

Is this child adopted? _____ If yes, at what age was the child adopted? _____

Names of people who live in the home (if different than above.): _____

Is either parent absent for long periods of time? _____

Is this child cared for by someone other than parents? _____

Please list any pets and their names: _____

Does your child have any allergies or sensitivities? ___yes ___no If yes, please describe in detail: _____

Is this child toilet trained? _____ (if partially, please explain) _____

Your child was toilet trained at what age: For days: _____ For nights: _____

How long does your child nap? _____ Age when your child first walked: _____

Describe activities that your child enjoys: _____

Does your child choose his/her own clothes to wear? _____

Does your child dress her/himself? _____

Please list the personality traits which you feel best describe your child: _____

St. Joseph Academy - Student Information Sheet – Montessori Toddler

Have you ever visited a Montessori classroom? _____

Are you interested in receiving information about the Montessori philosophy? yes no

What are you most interested in seeing the school develop in your child? _____

Comments on your child (physical or emotional problems, special gifts, etc.) _____

Parent Signature

Date