



LEARNING TREE MONTESSORI “Getting to know more about your child”

Child' Name: _____ DOB: _____

Nickname: _____

Mothers name: _____

Fathers name: _____

Does the child live with both parents?

Siblings name and age: _____

Pets: _____

Previous schools attended and duration:

Describe Your child's personality in a few words: _____

Is your child toilet trained? _____

Any particular fears or phobias? _____

What expectations / goals do you have for your child while attending our school?

What method of behavioral guidance works best for your child? (The time out method is not practiced in our facility)

Any Special food restrictions / allergies, etc.? _____

What primary language/s are spoken in your home? _____

Any other information you would like us to know in relation to your child?
