



Montessori Children's House
920 61st Street
Kenosha, WI 53143
262-658-1797

Student Information Form

Student's full name: _____ Birth Date: _____

Mother's name: _____ Father's name: _____

Mother's Occupation: _____ Father's Occupation: _____

Child lives with _____ Mom & Dad _____ Mom _____ Dad _____ Joint Custody _____ Other

Describe the relationship of your child to:

Mother _____

Father _____

Siblings _____

Did you or your child experience any difficulties during his/her birth? _____

Who helps with the rearing of your child? _____

List some of your child's favorite toys: _____

Does your child prefer to play alone? _____

How does your child interact with other children? _____

Does your child have many friends? _____

Is your child permitted to participate in household activities, such as dish washing, clothes folding? _____

At what age was your child toilet trained? _____

Does your child have any disability that you know of? _____

Has your child ever had any serious illness? (Please describe) _____

Does your child have any allergies or sensitivities? _____

Does your child take any daily medication? _____

Describe your child's general health: _____

Describe your child's eating habit: _____

What foods are typically eaten for breakfast? _____

How much television does your child watch on a daily basis? _____

How frequently do you read to your child? _____

Does your child rest well at night? _____

Has your child ever been away from home for any length of time? _____

Has your child had previous group experience? (Please describe) _____

Describe the method(s) of discipline used in home: _____

Mom: _____

Dad: _____

How are conflicts between playmates and the child solved at home? _____

What is the primary language spoken in the home? _____ Secondary? _____

Have you noticed anything positive, negative or unusual about your child's speech, hearing, motor skills or vision? _____

Is there anything you feel we should know about your child that has not been asked? _____

Why did you choose our school and what do you hope your child will experience at school? _____

What are your goals for your child in the coming school year? _____