



**Montessori Children's House**  
920 61<sup>st</sup> 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? \_\_\_\_\_