



Student Questionnaire

Child's Name: _____

Father's Name _____ Mother's Name _____

Sibling's Names and Ages _____

Please give your child's intended schedule _____

Has your child had any previous childcare or school experience? Yes or No If yes, describe

Allergies _____

Does your child have any special food restrictions? _____

Does your child need any special lotions or medications? _____

What languages does your child speak? _____

What language is used at home? _____

Who are your child's regular caregivers? _____

Please describe your child's sleeping habits? _____

Please describe where your child is in the toilet learning process. _____



What kind of discipline is used at home? _____

How does your child respond to your discipline methods? _____

Does your child have any special interests? _____

Does your child have any fears or dislikes? _____

Does your child enjoy animals? _____

Does your child have any pets at home? _____

Are you aware of your child having any learning or developmental challenges? If yes, please describe

Are you aware of your child having any hearing or speech issues? _____

Does your child receive any special services, such as speech or physical therapy? _____

What are your expectations of this Montessori Program? _____

