

I.D.E.A.S.



A Montessori Preschool

Child's Information Sheet

Child's Name _____ Nickname: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Language spoken: _____

Father's Name: _____ Nickname: _____ Date of Birth _____

Home Address: _____

Home Number: _____ Mobile No. _____

Work Number: _____ Email address: _____

Occupation: _____ Company: _____

Educational Attainment: _____

School Obtained: _____ Year Graduated: _____

Mother's Name: _____ Nickname: _____ Date of Birth _____

Home Address: _____

Home Number: _____ Mobile No. _____

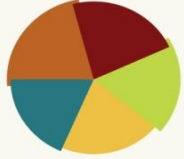
Work Number: _____ Email address: _____

Occupation: _____ Company: _____

Educational Attainment: _____

School Obtained: _____ Year Graduated: _____

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Siblings:

Name	Age	School
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What is your child's general temperament? (Is she/he easy going, friendly, demanding, imaginative, etc.?)

What type of discipline is used at home?

What are your child's likes and dislikes?

What are your child's favorite activities, books, games, toys?

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Medical History

Describe your child's general health?

Please list any common childhood illnesses that your child may have already had.

Does your child take special medication daily?

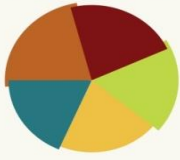
Please list any known allergies.

Does your child have a special diet? Any food restrictions?

IMMUNIZATION

Please attach a complete list of your child's immunization record signed by your pediatrician.

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Can you help us?

Do you have any special skill, interest or hobby you can share as part of our program?

Singing	Dancing	Storytelling	First Aid	Collections
Animals	Drama	Languages	Pottery	Cooking
Gardening	Music	Arts & Crafts Please specify: _____		

Can you share any part of your job that may involve or be of interest to preschool children?

Do you have an association with any special place we may visit as part of our classroom program? These may include shops, libraries, museums, galleries, hospitals, industrial sites, and so on. *Yes, I can arrange a visit to:*

Do you know of anyone in the community with a special talent or hobby that he/she could share with our class?

Name: _____

Contact Number: _____ Email Address: _____

Completed By:

Name and Signature

Date