



Riverforest Montessori School
(One form filled out **per child** in family please)

Help us get to know your child

Child's Name: _____ Date of Birth: _____

Names and Ages of Siblings: _____

Current Placement at school: _____

Sleep Patterns: (check all that apply)

Is your child a light sleeper, sound sleeper, night owl, early riser ?

How many hours on average does your child sleep each night? _____ hours

Does your child have nightmares? Yes, Frequently? Occasionally? No

If your child has not had enough sleep how is his/her behaviour affected? _____

Additional information concerning your child's sleep patterns _____

Diet: (check all that apply)

Would you classify your child as a picky eater, healthy eater ? Details: _____

Do you feel that your child's diet is healthy, in need of attention? Details: _____

Toileting: (complete only if applicable)

Did your child experience any problems with toilet training and/or do you have toileting concerns of which we should be aware? Explain: _____

General Information:

Did you move in the first five years of your child's life? If so how far and how many times?

Does your child prefer to play alone or in a group? Details: _____

Does your child have any known fears or anxieties? (i.e. loud noises/voices, dark, separation etc.)

Details: _____

Does your child adjust to change easily, with excitement, with anxiety? Explain: _____

Does your child have tantrums? No, Occasionally, Often If yes, how are these situations handled at home?

Is your child able to take direction positively? Yes No Explain: _____

Is your child easily distracted, only able to focus on certain tasks, able to focus when necessary?

Explain: _____

Does your child enjoy reading/stories? Yes No Explain: _____

Does your child enjoy school Yes No Explain: _____

Is there any Family History that in your opinion may have affected or been remembered by your child?

(i.e. death, car accident, divorce etc). _____

Did your child attend other daycares or schools prior to coming to Riverforest? If so, where did your child attend, for how long and, if possible, why did he or she leave? _____

Why did you choose Riverforest Montessori School? _____

Do you have any specific expectations for your child for this year? _____

Any additional information that you wish to share with the teachers of your child: _____

Thank you for sharing this valuable information with us. Please be assured it will be held confidential and only shared with pertinent Riverforest Montessori School Staff.

Signature: _____

Date: _____