



Clear Lake Montessori School

Topzeal Education Development Company

Child's Name: _____ Birthdate: _____

Mother's Name: _____

Mother's Phone #: Home _____ Work _____ Cell _____

Father's Name: _____

Father's Phone #: Home _____ Work _____ Cell _____

Do they have brothers & sisters? If so, what are their ages? _____

DISPOSITION

How does your child react when you leave them? _____

What is your child's normal disposition? _____

Does your child have any bad habits? _____

Are there any restrictions to play or activities? _____

Any speech / hearing / vision problems? _____

Has your child had any communicable diseases? If so, when? _____

Is your child prone to any illness (such as headaches, tummy aches, etc.)? _____

How is your child most easily settled? _____

What are your child's favorite activities? _____

EATING :What are your child's favorite foods? _____

What are your child's least favorite foods? _____

Does your child eat with utensils? Which one(s)? _____

SLEEPING

What time does your child wake up? _____

What is their mood when they wake up? _____

What time does your child go to sleep at night? _____

What is their mood when they are put to bed? _____



Does your child sleep through the night? _____

Does your child take a nap? If yes, when? _____

How do you put your child to sleep? _____

PERSONALITY TRAITS

Has your child had experience playing with other children? _____

How does your child show when he/she is:

Afraid? _____

Happy? _____

Angry? _____

Tired? _____

Sick? _____

What forms of discipline are most often used in your home? _____

How does your child feel about daycare? _____

Are there any recent traumatic events that have occurred within your life that could affect your child? If yes, what? _____

Does your child have any special toys, blanket, etc.? _____

POTTY TRAINING

If your child is potty trained, can he/she be relied upon to indicate bathroom needs? _____

Does your child have any fears relating to potty training? _____

Does your child have any accidents? When? _____

What word does your child use for:

Bowel movements? _____

Urination? _____

GENERAL

What do you expect from childcare? _____

Any other comments/suggestions? _____