



Little Hands Montessori - A Toddler Home  
14845 Espola Road \* Poway, CA 92064  
858-748-1727  
License # 376618271

## Pre-admission History & Background Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Family

Mother \_\_\_\_\_ email \_\_\_\_\_ cell phone \_\_\_\_\_

Father \_\_\_\_\_ email \_\_\_\_\_ cell phone \_\_\_\_\_

Child lives with: \_\_\_ both parents, \_\_\_ Mother, \_\_\_ Father \_\_\_ split time

Brothers (name & birthdates) \_\_\_\_\_

Sisters (name & birthdates) \_\_\_\_\_

Others living in home, name & relationship (SO, grandparents, etc.) \_\_\_\_\_

### Developmental History

Age child began sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

Does the child have any speech difficulties: \_\_\_\_\_

Special words to describe child's needs: \_\_\_\_\_

### Health

Any known complications at birth: \_\_\_\_\_

Serious illnesses and/or hospitalization: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

Allergies i.e. asthma, hay fever, insect bites, medicine, or food reactions: \_\_\_\_\_

Regular medications: \_\_\_\_\_

### Eating Habits

Special characteristics or difficulties: \_\_\_\_\_

Favorite foods: \_\_\_\_\_ child eats with: \_\_\_ hands, \_\_\_ spoon, \_\_\_ fork, \_\_\_ or all.

Foods refused: \_\_\_\_\_

How do parents handle? \_\_\_\_\_

### Toilet Habits

At what age did child begin potty training? \_\_\_\_\_ When complete? \_\_\_\_\_

How does your child indicate their bathroom needs? \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

Does your child ever have accidents? \_\_\_\_\_

**Sleeping Habits**

Does your child nap during the day (when and how long)? \_\_\_\_\_  
bedtime? \_\_\_\_, gets up at? \_\_\_\_, Sleeps alone? \_yes\_ no, Sleeps through night? \_yes\_ no  
When does your child go to sleep at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_  
Describe any special characteristics, needs, and mood. (Stuffed animal, blanket, story,  
sleeps in parents bed) \_\_\_\_\_

**Social Relationships**

How would you describe your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous experience with other children/childcare: \_\_\_\_\_

Reaction to strangers: \_\_\_\_\_

Is your child able to play alone: \_\_\_\_\_

Is your child exposed to any cultural traditions, (describe) \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

**General**

What are your child's favorite toys or activities: \_\_\_\_\_

Does your child have any fears (dark, lightning, bugs.): \_\_\_\_\_

How do you comfort your child: \_\_\_\_\_

What type of behavior management is used at home: \_\_\_\_\_

Describe your child's schedule on a typical day: \_\_\_\_\_

What would you like your child to gain from the Montessori experience? \_\_\_\_\_

Is there anything you would like us to know about your child? (strengths, areas of concern) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_