



Montessori Child Development Center
14911 Espola Road * Poway, CA 92064
858-748-1727 License # 372001507

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/allergies: _____

Regular medications taken: _____

Eating Habits and Preferences

Special characteristics or difficulties: _____

Favorite foods: _____ child eats with: ___ hands, ___ spoon, ___ fork, ___ or all.

Foods refused: _____

Preferences: Vegan __, Vegetarian __, Gluten free __, No Dairy __, Other _____

Parents are responsible for providing special alternative food for their child as needed.

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

Which of these describe your child: shy _ outgoing _ friendly _ aggressive _ assertive _
cheerful _ easily angered _ defiant_ cooperative _ helpful _ dependant _ clingy _ silly_
serious _ verbal _ non-verbal _ thoughtful _ empathetic _ sensitive _ seeks attention _
competitive _ strong willed _ obedient _ affectionate _ independent _ curious _
stubborn _ confident _ jealous _ generous _ other _____
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: _____

What does your child fear (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: _____

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