

Teton View Montessori
Early Childhood Student Questionnaire

Child's Name:	Date of Birth: Gender:
Parent Name:	Phone Number:
Parent Name:	Phone Number:
List any allergies your child has:	
Does your child have any health issues or limitations we should be aware of?	
What age did your child begin to say 2-3 word phrases or sentences?	
Are there any family changes that could affect your child?	
Does your child take a nap?	
How do you discipline at home?	
What language is primarily spoken in your home?	
Any siblings at home? If so, how old?	

What are your child's favorite games and activities at home?

What are your child's interests?

What words come quickly to mind when you describe your child?

Has your child ever attended school before? If so where and for how long?

Do you or your child have any concerns about school?

List approved persons to pick up your child:

List 2 emergency contacts with phone numbers they can be reached at:

Name:

Phone:

Name:

Phone:

Parent signature:

Date:

Parent signature:

Date:

