

# HUDSON COUNTRY MONTESSORI SCHOOL

## *Getting to Know My Toddler*

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

**All information given is kept confidential and is used to help your child feel comfortable and help us know your child better.**

What is your child's temperament? \_\_\_\_\_

What is your routine in the morning? \_\_\_\_\_

What is your routine at bedtime? \_\_\_\_\_

What are his/her sleep habits? \_\_\_\_\_

What are your child's eating habits? \_\_\_\_\_

What are your child's likes and dislikes? \_\_\_\_\_

Does your child use a bottle, pacifier or comfort objects? \_\_\_\_\_

Does your child feed him/herself? \_\_\_\_\_

Is your child toilet trained? If not, is she/he in the process? \_\_\_\_\_

What method are you using? \_\_\_\_\_

What is your child's verbal ability? \_\_\_\_\_

\_\_\_\_\_

Does your child have the ability to follow directions? \_\_\_\_\_

How does your child entertain him/herself? \_\_\_\_\_

\_\_\_\_\_

How long can your child listen to a story? \_\_\_\_\_

What activities does your child enjoy that you do together? \_\_\_\_\_

Has your child been with others outside your care? \_\_\_\_\_

If so, who? \_\_\_\_\_

*Please submit this questionnaire with your child's application, enrollment agreement and check for \$75.00.*

**How does your child respond to transitions? (leaving play for meals)** \_\_\_\_\_

\_\_\_\_\_

**Was your child premature?** \_\_\_\_\_

**Is your child receiving any special services?** \_\_\_\_\_

**How do you handle discipline?** \_\_\_\_\_

**Who does your child play with?** \_\_\_\_\_

**How does your child handle separation with you? Sometimes separations are more difficult for the parent than for the child.** \_\_\_\_\_

**What does your child tend to do when he/she becomes frustrated?** \_\_\_\_\_

\_\_\_\_\_

**How does your child respond to new people and places?** \_\_\_\_\_

**How do you help him/her become comfortable in these situations?** \_\_\_\_\_

\_\_\_\_\_

**Does your child have siblings? If yes, list names & ages** \_\_\_\_\_

\_\_\_\_\_

**How does your child handle group situations?** \_\_\_\_\_

**Does your child have any special health conditions or concerns?** \_\_\_\_\_

\_\_\_\_\_

**Is your child allergic to anything?** \_\_\_\_\_

**Is there anything else you feel we should know about your child?** \_\_\_\_\_

\_\_\_\_\_

**Would you be willing to volunteer for various school events?** \_\_\_\_\_

**What special interests or talents do you have that you could share with our school?** \_\_\_\_\_

\_\_\_\_\_

**An Education for Life!.....**