



Child History & Information Sheet

Child's Name: _____ **Date of Birth:** _____

Please provide us with the following information, so that we can understand your child as well as possible. Please be as specific as you can.

State of Child's Health:

(Additional data regarding child's health will be required to insure compliance with the Cincinnati Board of Health regulations.)

Does your child have allergies? YES NO **If yes, please explain:**

Is your child on medication? YES NO **If yes, please explain:**

Does your child have any physical problems or emotional issues of which you are aware of?

Are you now or have you ever had concerns about your child's development or behavior? If so, what?

What would you like us to know about your child?

Why have you chosen Montessori for your child?

What specific goals do you have for your child in a Montessori class?

What are your child's interests/strengths/special needs?

What is your method/philosophy concerning discipline?

Is your child cared for by anyone other than parents on a regular basis?

Parent Signature _____ Date: _____