

STUDENT INFORMATION

Montessori Toddler



PLEASE PRINT

Child's Name _____ Birthdate _____

Parent's Name _____ Phone _____

Address _____ E-mail _____

Brothers & Sisters:

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Will your child use Before School Care? yes no

Will your child use After School Care? yes no

Is either parent absent for long periods of time? _____

Is this child cared for by someone other than parents? _____

Please list any pets and their names: _____

Does your child have any allergies or sensitivities? If yes, please describe in detail _____

Is this child toilet trained? _____ (if partially, please explain) _____

Your child was toilet trained at what age? For days: _____ For nights: _____

How long does your child nap? _____ Age when your child first walked: _____

Please describe activities that your child enjoys: _____

Does your child choose his/her own clothes to wear? _____

Does your child dress him/herself? _____

Please list the personality traits which you feel best describe your child: _____

How did you learn about Saint Joseph Academy? _____

Why do you wish to enter your child in a Montessori Toddler Program? _____

What are you most interested in seeing the school develop in your child? _____

Comments on your child (physical or emotional problems, special gifts, etc.) _____

Parent Signature

Date