



GETTING TO KNOW YOUR CHILD TEACHER INFORMATION SHEET

For our team to be sensitive to the individuality that your child brings to Alpha Montessori School, please complete this form, and return it with an up-to-date picture of your child *at least two weeks prior to their first day of school.*

Child's Legal Name

DOB

Preferred name

Gender Male

Female

Current School/ Daycare

Person Completing Form

Date

Relationship to Child

Please check all characteristics/personality traits that describe your child.

Comfortable in new surroundings

Quiet

Clumsy

Needs a lot of attention

Shy

Fearful

Asks for help when needed

Easy-going

Clingy

Seeks out peers to play with

Impulsive

Easily Upset

Overstimulated by noise

Friendly

Good-natured

Gets along well with others

Plays alone

Hides

Has difficulty sleeping

Smiles a lot

Slow to warm up

Has temper tantrums

Likes to be alone

Sucks thumb

Describe your child's favorite things to do and or special interests.

Describe any special circumstances/health problems, which affected your child's development.

(severe allergies, illness, ear infections, particular learning or attention difficulties, frequent changes of home or schools, etc.)

Describe any developmental evaluations/screenings, therapies, or medical interventions received. (hearing, vision, dental, neurological, speech, occupational or physical therapy, etc.)

Describe any circumstance(s) that has or may impact your child (loss of a loved one, recent move, new baby, family dynamic change, etc.)

How does your child react to and behave in a new or unfamiliar setting?

Does your child have any significant fears or anxiety issues? (the dark, bugs, loud noises, etc.)

Describe any food allergies or dietary restrictions.

What daily medications does your child take?

Describe your child's eating habits. (typical diet, mealtimes, appetite, favorite food, foods not allowed, etc.)

Does your child's eating habits dictate what meals are prepared at home? Yes No

Does your family sit together for meals? Yes No

At what age did your child accomplish the following?

Crawl

Walk

Talk

What is your child's current toilet training level?

Diapers

Bladder only

Bladder & bowel

Nighttime protection

Describe your child's sleeping habits

How do you encourage sleep for naps or night? (rocking, back patted, by self, books, lovey, etc.)

Does your child nap? Yes No **If so, when and for how long?**

What is bedtime? **How many hours of sleep per night?**

Sleeps all night **Frequently wakes up at night**

Where does your child sleep? Crib Toddler Bed Regular Bed Family Bed

How is your child as they wake up in the morning? (happy, needs a lot of help, ready to go, etc.)

Does your child . . .

	<u>Yes</u>	<u>No</u>
dress themselves?		
readily show emotion?		
respond to requests?		
respond to boundaries?		
stay with other adults easily?		
Has your child ever wandered away from you?		
If yes, describe specifically where, when and number of times.		

Please describe any discipline used in your home.

How often do you leave your child with other adults?

How often does your child play with other peers?

How many minutes a day does your child have screen-time?

How many minutes a day does your child play by themselves?

What does your child do on days they are not attending Alpha?

How often do you read to your child?

If your child has been exposed to any language other than English, please describe.

What early-care, education or group instruction setting(s) has your child attended?

(childcare, preschool, gymnastics, dance, swimming, etc.)

Group 1

Group 2

Name or type of group

Dates attended (month/year)

How many times a week

Total number of children in group

Age range of children in group

How did your child adjust in each group?

List other adults this child stays with on a regular basis.

Name

Relationship to child

Day(s) with this adult

If there is a court order regarding custody of this child, please provide applicable details.

Please share anything else that will be helpful for us to know about your child or family?



Parents are welcome and invited to volunteer during school hours and/or with special projects.

Please check all areas you are interested in volunteering or would like more information:

Arts & Crafts

Book Fair

Classroom

Cooking

Fundraising

Gardening

Party Planning

Readers

Rest time

Please email this completed form to Tuition@AlphaMontessoriKC.com