

**LITTLE MIRACLES MONTESSORI
NEW STUDENT INFORMATION SHEET**

Date _____

1. Child's Name _____ Nickname _____
2. Child's Birthday _____
3. Mother's Name _____ Occupation _____
Hobbies _____
4. Father's Name _____ Occupation _____
Hobbies _____
5. People in Household: _____ Brothers and Sisters: _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Others:
Name _____ Age _____ Name _____ Age _____
6. Pets _____ Kind(s) and Name(s) _____
7. Allergies _____ Describe _____
How are they manifested? _____
Is your child taking medicine for it? _____
Will your child be taking this medicine during school hours? _____
8. Within the past 12 months, has your child been hospitalized? _____
Any medical problems for which your child is under medical care? _____
Any special precautions, which should be taken because of this? _____

9. Is your child usually: Active? _____ Sedate? _____ Quiet? _____ Aggressive? _____
10. Eating habits: Does he/she eat much? _____ Time of day? _____ Fast or Slow? _____
11. Does your child usually nap? _____ How Long? _____
12. Any unusual habits? _____
13. Has your child had any emotional upsets lately that would affect his/her behavior (new baby, move, surgery, etc.)?

14. Any bowel or bladder problems? _____
Can your child toilet alone? _____
15. Has your child had opportunities to play with other children? Y _____ N _____ Ages? _____

On the back of this page, please write a brief introduction to your child. This may be his/her normal schedule, interests, likes, dislikes, or anything that will help the teachers know your child more personally.