



YPC/CHILDREN'S HOUSE PARENT QUESTIONNAIRE

LITCHFIELD MONTESSORI SCHOOL

Child's Full Name: _____

Nickname? _____ **Date of Birth** _____ **Gender** _____

Parents of Applicant: Please answer the following questions and feel free to attach any additional information. Our goal is to find the appropriate fit between school, family and student.

GENERAL HEALTH

Is there any present information concerning your child's pre-natal or birth experience that you would like to share?

Has your child been hospitalized? Duration? Reason?

Is your child on any routine medications?

Does your child have any allergies?

Does your child have any suspected needs/handicaps?

At what age did your child:

Roll Over: Sit up: Crawl: Walk:

DAILY ROUTINE

What time does your child:

Get up in the morning: Bed at night?

Does your child nap during the day?

When? How long?

SOCIAL

Does your child relate to new people easily?

What activities do you enjoy with your child?

Does your child play well

Alone? With children his/her own age?
Older children? Siblings?

Name recent programs that your child has been in (school, camp, church programs)

Serving children 15 months to 12 years

Litchfield Montessori School | 5 Knife Shop Road | Northfield, CT 06778 | 860.283.5920 | www.litchfieldmontessori.org



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PARENT QUESTIONNAIRE**

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Please circle the words that best describe your child

- | | | | |
|-------------------|------------------|----------------------|----------------------|
| MOODY | SENSITIVE | FRIENDLY | COOPERATIVE |
| ORDERLY | NEAT | PLAYFUL | ACTIVE |
| ATTENTIVE | RESERVED | QUIET | SHY |
| ASSERTIVE | CONFIDENT | EVEN TEMPERED | |
| GENTLE | CHEERFUL | DREAMER | RESPONSIBLE |
| HEADSTRONG | CALM | ANXIOUS | FREE SPIRITED |

What responsibilities, if any, does your child have at home?

Additional comments

Contact Person

Name:

Phone number:

What aspects of Montessori education appeal to you?