

Montessori Early Childhood Program
Cornerstone Montessori School & Ames Lake Community Center

Dear Families,

In order to have a greater understanding of your child/ren it would be helpful if you would provide background information or any considerations that should be taken into account. Please be specific. Use the reverse side of this form if you need more space. Thank you.

Child/ren Name(s) and Birth Date/Age: _____

Parents/Caregiver Name(s): _____

Is your child in the regular care of any other person during the day? _____

Were there any unusual circumstances in the child's birth or life we should be aware of?

Does your child have allergies? _____ If yes, Please list _____

Does your child have any mental, physical or behavioral limitations? please describe:

Does your child have any fears? (i.e. animals, people, objects, sounds) _____

What kinds of activities do you and your child enjoy at home? _____

What topics are you interested in discussing or learning more about? (sleep issues, nutrition, language development, toilet learning, etc.)

Please share any other information you feel will best support you and your child/ren:

Parent/Caregiver Signature: _____ Date: _____