



**Why are you considering Montessori for your child?**

**How did you become acquainted with Versailles Montessori School?**

**Internet      Drove by      Referral (who?) \_\_\_\_\_**

**Has your child attended a Montessori program before?    Yes    No**

**If yes, where? \_\_\_\_\_**

**What are your expectations regarding your child's learning experience at VMS?**

**Will your child attend VMS for:**

**Kindergarten?    Yes    No    Undecided  
Elementary?      Yes    No    Undecided**

**Do you have any concerns about your child's development?    Yes    No    If yes, please explain**

**Has your child received any screenings or services from a specialist?    Yes    No**  
**If yes, for what concern? *Please attach the reports.***

**Your child's present school or day care program: \_\_\_\_\_**

**Teacher: \_\_\_\_\_ School/Day care phone: \_\_\_\_\_**

**Current grade: \_\_\_\_\_**

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## Family Questionnaire

rev 12/2021

Your responses on this questionnaire will help us learn more about your child. Please complete each item and return it with your completed Application of Interest form. There are no “right” or “wrong” answers to the questions.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
What languages are spoken in the home: \_\_\_\_\_

**General** - Tell us about your experiences with and observations of your child.  
Describe a typical weekday for your child.

Describe a typical weekend for your child.

What are two things your child likes to do best?

What are two things your child does not like to do?

What is your favorite thing to do with your child?

What are three words you feel best describe your child?

Are screens a part of your child's daily routine?    Yes    No    Hours per day:  
Check examples that apply:    When parents watch    With siblings    For entertainment

What is watched on screen time? What games are played?

Is your child responsible for regular household chores?    Yes    No  
If yes, what are they?

Does your child stand back and observe or quickly engage in a new environment?

Does your child tolerate disruptions in their daily routine with ease or are they stressful?

How does your child deal with frustration?

**Practical Life at Home** - Tell us about your child's routines and general skills.

What is your child's normal bedtime? Where do they usually fall asleep (in their bed, in your arms, on the sofa...)?

What time does your child normally wake up in the morning?

Does your child normally take a nap? When? If so, how long do they normally sleep?

What does your child normally eat for breakfast?

What does your child like to eat most?

Are there any foods your child will not eat?

Does your child feed him/her self?      Yes      No

Does your child dress him/her self?      Yes      No      Somewhat (Please explain)

Does your child use the toilet independently?      Yes      No  
If not, please tell us where they are in this process. (e.g. able to undress, dress, able to wipe, tell you when they need to go, etc.)

Please tell us about your approach to discipline? (time-out, spanking, redirecting...)

## Medical History

Were there any significant problems during pregnancy or directly following birth that might have an effect on your child's development (i.e. premature birth, low birth weight, etc)? \_\_

Was your child more than 3 weeks premature?      Yes      No

Have you ever suspected that your child has vision problems?      Yes      No  
If yes, please explain:

Have you ever suspected that your child has hearing problems?      Yes      No  
If yes, please explain:

Has your child ever had trouble walking, climbing, reaching, holding on to things?  
Yes      No  
If yes, please explain:

Does your child have allergies?      Yes      No  
If yes, please explain:

Is your child presently on any medications?      Yes      No  
If yes, please explain:

Does your child have frequent:  
stomach aches      bladder infections      ear infections      respiratory issues

Any serious accidents?      Yes      No  
If yes, please explain:

Approximate age for: crawling \_\_\_\_\_ For how long before walking \_\_\_\_\_  
Did your child primarily *army crawl* or crawl on *hands and knees*?

## Child Development

How many words are in your child's vocabulary? \_\_\_\_\_

Are they speaking in sentences?      Yes      No

Is your child easily understood when speaking to others?      Yes      No

### Can your child:

Use a spoon or fork for meal time?      Yes      No

Drink from an open cup with no sippy lid?      Yes      No

Express their thoughts or needs easily?      Yes      No

Follow simple age appropriate directions?      Yes      No

Toilet independently during the day?      Yes      No

### Does your child:

Use crayons or markers to scribble or draw?      Yes      No

Listen to stories being read?      Yes      No

Recall stories or events?      Yes      No

Talk with your friends or relatives who come for a visit?      Yes      No

Have opportunity to play with other children?      Yes      No

Is there any other information regarding your child's development that you would like to share with us?

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_