



Woodland Montessori School, Inc.

Child History

Child's Full Name:

Does your child go by another name/ nickname?

Age:

Date of Birth :

Sex:

Names & Ages of siblings:

Do both parents live at home?

Other adults?

Others caring for the child?

Health & Development

Does your child have any chronic medical problems?

Are your child's physical activities restricted for health reasons?

Does your child require any specialty care? If so, please indicate below.

When did your child walk?

When did your child talk?

What age was the child toilet trained?

Does your child nap regularly? If no, when did he/she give it up?

Please specify any particular fears or habits, including strong eating preferences:

Play & Experiences With Others

Special Interests:

Favorite Toys:

What does your child like to do best?

Favorite family activities:

Personal Preference On Discipline

WMS does not use corporal punishment and highly encourages all families to take our Positive Discipline Course.

Please indicate your discipline routine used at home:

General notes: Comments you may wish to make about your child may be written on the back of this form.