

**THE MONTESSORI CHILDREN'S SCHOOL**  
**Primary or Stepping Stones**  
**STUDENT PERSONAL RECORD**

Child's Name: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Primary Contact #: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please list siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Child resides with  Both Parents  Mother  Father  Other (Please specify): \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

List any health problems and/or disabilities of those living in the home: \_\_\_\_\_

Child is toilet trained:  No  Yes

What does your child say when he/she needs to use the toilet? \_\_\_\_\_

Does your child need help using the toilet, dressing, undressing, eating or washing hands?  
\_\_\_\_\_

Does your child have any fears or problems of which his/her teacher should be aware?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any pets at home?  No  Yes, please list what kind?  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite games, toys and activities:  
\_\_\_\_\_  
\_\_\_\_\_

What do you know about the Montessori method?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you expect from a Montessori education for your child?

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What is your approach to discipline?

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Has your child ever been evaluated, diagnosed or treated for any behavioral, emotional, social, physical or mental disability?  No  Yes, please explain:

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List any serious injuries that your child has had and the age at which it/they occurred?

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Does your child presently suck a pacifier, thumb or fingers?

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If you have any additional comments or information to share that might help us to understand your child better, please do so, providing as much detail as possible in describing your child and his/her personality, background, history, etc.

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