

Queen Lane Montessori School

Where A Lifetime of Learning Begins!

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"Getting to Know You"

Child's Name _____ Nickname: _____

Date of Birth: _____ Age: _____

Health History

Current Health _____

Previous illnesses/injuries: _____

Hospitalizations/surgeries: _____

Illnesses your child has had (chicken pox, measles, etc.):

Does your child... wear glasses? _____ wear a hearing aid? _____

use other physical assistance devices? (please specify) _____

Medications your child takes on a regular basis: _____

Chronic illnesses/disabilities: _____

Allergies (include statement of type of reaction and necessary treatment):

Food: _____ Epipen Required: Yes No

Medications:
(Please list meds your child is allergic to here) _____

Environmental: _____

Social Development

Describe your child's temperament: _____

Does your child have special fears? _____

How does your child respond to a stressful situation? _____

What seems to help your child feel better? _____

What method of discipline do you use at home? _____

Has your child been in previous child care? _____

"Getting to Know You"

Family Data

Who lives with your child?

Mother/Guardian: _____

Father/Guardian: _____

Child's Grandparents (name child calls them or if they are deceased): _____

Other members of the household: _____

Brothers/Sisters (names & ages): _____

INFANTS

Nap Schedule: _____ Morning? _____ Afternoon? _____

Is your child breast fed? _____ and/or type of formula? _____

What is your child's feeding schedule?

PRESCHOOLERS

Is your child toilet trained? _____

How does your child communicate that he/she needs to use the toilet? _____

How would you describe your child's appetite? _____

Is there anything else we should know about your child's eating habits?

SCHOOL AGE

What school does your child attend? _____ Grade: _____

Favorite school subject(s)? _____

Homework Habits/Study Style: _____

Hobbies / Sports / Special Interests? _____

Anything we should know about your child's eating habits? If so, please explain:

What are some favorite "quiet time"/relaxing activities that your child enjoys?

ALL CHILDREN

Please add anything else about your child that would help us in providing care:

