



Children's House Personal Profile

2019-2020

Dear Family,

In order for us to have a greater understanding of your child, it would be helpful for you to provide some background information and any considerations that should be taken into account. Please be specific. Use additional paper if you need more space. All information provided will remain confidential. Thank you.

Child's Full Name	Birthday	Nickname	Variations of name you prefer we <i>not</i> use
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Parents'/Guardians' Names	Are parents married? <input type="checkbox"/> Divorced? <input type="checkbox"/> Other? _____
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Siblings' Names and Ages	Pets?	Date
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1. Is your child in the regular care of any other person during the day? Who are the significant people in your child's life (siblings, grandparents, other relatives, neighbors, caregivers)? Include any information about important people in your child's life.
2. Were there any unusual circumstances in your child's birth or life that we should be aware of (adoption, medical issues, tragedies, etc.)?
3. Does your child have any mental, physical or behavioral limitations? ____ If yes, please describe.
4. Are there any areas your child struggles with or are of concern to you? Does your child have any specific fears? What is the best way to comfort your child?
5. What are your child's particular interests? What kinds of activities do you and your child enjoy at home together? Does your child participate in programs outside of school (i.e. sports, music, art, speech, etc.)?
6. Describe your child's sleeping patterns: Where does your child sleep? What is your child's sleep schedule? Does he/she sleep through the night? What rituals have you established around nap time/bed time?

7. What are your observations of your child's language development?
8. Does your child receive screen time (TV, computer)? If so, how much does your child watch per week?
9. What are your child's favorite foods? Any food allergies or special dietary needs or concerns? Describe your child's typical behavior during a family meal.
10. Does your child dress independently? Use the toilet independently?
11. Please discuss your child's experiences separating from you. How do you think your child will separate from you at school?
12. What do you expect from your child's Montessori education at CHMS?
13. What parenting topics or information regarding your child's Montessori experience are you interested in learning more about?
14. What is the best time of day and best way to reach you if needed?
15. Please share any other information that would help us to know your child better: