



## UOS Goldberg Montessori School Child Information Sheet

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

People in the Household:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Any pets? \_\_\_\_\_ Name and kind \_\_\_\_\_

Is your child usually:            Active            Sedate            Quiet            Aggressive

Eating Habits: Does your child eat much? \_\_\_\_\_ Fast or Slow \_\_\_\_\_

Does your child usually nap? If so, for how long?  
\_\_\_\_\_

Does your child have any unusual habits? His/her behavior? (New baby, move, surgery, etc.)  
\_\_\_\_\_

Does your child have any fears?  
\_\_\_\_\_

Any bowel or bladder problems?  
\_\_\_\_\_

Has your child had opportunities to play with other children?

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Please write a brief introduction to your child below. This may be his/her normal schedule, interests, likes/dislikes, or anything that will help the teachers get to know your child's personality.

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