



LA CASA – TODDLER PROGRAM QUESTIONNAIRE

Today's date: _____

Child's Name: _____ Date of birth: _____

Father's Name: _____ Mother's Name: _____

Whom does your child live with? Please check any of the following that apply:

Both parents ___ Step Parent ___ Single Parent - Mother ___ Single Parent - Father ___.

Additional Home Caregiver, if applicable: Grandparents ___ Other ___.

Siblings: _____

M/F	Age	M/F	Age	M/F	Age
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How does your child get along with his/her siblings? _____

GENERAL:

1) Who beside yourself is entrusted with the care of your child? _____

How many hours per day? ___ Hours per week? ___

2) What is your child's daily routine? _____

Wake up time ___ Bedtime ___ Do you have to wake up your child? ___.

Does your child nap? ___ If so, for how long? ___.

3) Is your child toilet trained? ___Yes ___No ___Almost

4) What responsibilities does she/he have at home? _____

5) What kind of activities do you do with your child? _____

6) Is your child quiet? ___ Active? ___ Very active? ___.

7) Eating Habits: How does your child eat? _____ Well? ___ Picky? ___.

What does your child eat? _____

8) Does your child have any diet restrictions? ___Yes ___No If yes, please give details: _____

9) Does your child have any allergies? ___Yes ___No. If yes, please list: _____

10) Were there any birth complications? _____

Major medical treatments? _____

Prolonged illnesses? _____

11) Does your child have any special needs the school should be aware of and prepared for?

12) Do you think your child has any problems and/or are there things that worry you about your child?

13) Does your child speak any language(s) other than English? ___Yes ___No. If yes, please list: _____

14) Does your child have any fears in general and/or night fears? _____

15) Does your child have temper tantrums? ___Yes ___No. If yes, how do you handle them? _____

16) Does you child engage in fantasy play? ___Yes ___No. If yes, describe types of play and how much
time spent at this activity daily: _____

17) Does your child watch TV and/or videos? ___Yes ___No
If yes, how often: _____Daily _____Weekly Number of hours per day? _____
What type of shows/videos does your child watch? _____

18) Does your child spend time using a computer? ___Yes ___No.

19) Is your child independent or does she/he like being helped by others? _____

What things can your child do alone? (e.g. Washing, Dressing, etc.) _____

20) What are your child's special interests? _____

21) Does your child have any special dislikes? _____

22) Is your child easy to get along with? _____

23) Is your child able to listen and follow directions? _____

Will your child come when called? ___Yes ___No

24) How do you discipline your child? _____

25) Has your child been separated from you prior to this experience? Yes No

Please list any previous playground, daycare or schooling experiences: _____

26) What has your child's experience been with babysitter's/childcare workers? _____

27) Is your child involved in any activities outside of the home? (e.g. swimming classes, etc.) _____

28) How does your child get along with other children? _____

29) Do you have any pets? _____

PARENT SECTION:

1) What is your understanding of the Montessori method?

2) What questions do you have about the Montessori Method of Education?

3) Why do you wish to enroll your child? _____

4) Do you plan on taking frequent trips during the school year? _____

5) We ask our parents to contribute a variety of resources and talent. Please indicate any special interests or talents you might be willing to share with our students:

6) Would you be willing to help with any of the following?

Help with material making for classes

Drive on field trips

Help in the Library

Assist with maintenance projects

Other _____

7) How did you hear about our school? ___Newspaper? ___Friend? ___Website? Other? _____

Please make any additional comments or inquiries below:

Parent Signature: _____ Date: _____

8/06