



## PRIMARY PROGRAM QUESTIONNAIRE

Today's date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Who 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 have any fears in general and/or night fears? \_\_\_\_\_  
\_\_\_\_\_

14) Does your child have temper tantrums? \_\_\_Yes \_\_\_No. If yes, how do you handle them? \_\_\_\_\_  
\_\_\_\_\_

15) Does your child engage in fantasy play? \_\_\_Yes \_\_\_No. If yes, describe types of play and how much  
time spent at this activity daily: \_\_\_\_\_  
\_\_\_\_\_

16) Does your child watch TV and/or videos? \_\_\_Yes \_\_\_No  
If yes, how often: \_\_\_\_\_Daily \_\_\_\_\_Weekly  
What type of shows/videos does your child watch? \_\_\_\_\_

17) 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.) \_\_\_\_\_  
\_\_\_\_\_

18) What are your child's special interests? \_\_\_\_\_  
\_\_\_\_\_

19) Does your child have any special dislikes? \_\_\_\_\_  
\_\_\_\_\_

20) Is your child easy to get along with? \_\_\_\_\_  
\_\_\_\_\_

21) Is your child able to listen and follow directions? \_\_\_\_\_  
\_\_\_\_\_

Will your child come when called? \_\_\_Yes \_\_\_No

22) How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_

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

Please list any previous playground, daycare or schooling experiences: \_\_\_\_\_

\_\_\_\_\_

24) What has your child's experience been with babysitter's/childcare workers? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

26) How does your child get along with other children? \_\_\_\_\_

\_\_\_\_\_

27) 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