



FAMILY INFORMATION DOCUMENT

So that we may best meet the needs of your child, please complete and return this document. All information is completely confidential.

CHILD'S NAME: _____ Gender: _____

Child prefers to be called: _____

Names and ages of other persons in household:

_____	_____
_____	_____
_____	_____

Please tell us about your child (e.g., favorite activities, likes, dislikes, fears, etc.): _____

Has your child had previous preschool or daycare experience? _____ If yes, where? _____ For how long? _____

Does anyone else regularly care for your child? _____

Please describe your child's sleeping patterns: _____

What are your child's eating preferences? _____

What are your child's eating dislikes? _____

Does your child watch television daily? _____ What programs? _____

Does your child use a pacifier? _____

Were there any pre- or post-natal problems: _____

Is your child adopted? _____ At what age? _____

At what age did your child begin to crawl? _____ to walk? _____ to talk? _____

How did you become familiar with Cornerstone Montessori School? _____

Why are you choosing a Montessori School for your child? _____

What expectations do you have for your child from this school experience? _____