

# Magnolia Montessori School

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At Magnolia Montessori School we find it extremely important for us to work together as a family to make this transition as seamless as possible for not only your child, but you as well. By following the same sleeping, feeding and playing schedule it will help make the transition easier on your child. Please fill out the form below to help us maintain the same routine as they have at home.

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

Name child goes by: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Sibling(s) Name(s) and Age(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Members living in the household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any pets? If so, what are their names?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your child's primary language?

\_\_\_\_\_

Secondary language?

\_\_\_\_\_

Do you have any concerns about your child's language development?

\_\_\_\_\_

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Do you and your child know baby sign language?

Yes                      No

If so, what signs?

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**EATING / SLEEPING ROUTINES:**

Does your child drink from a: **(please circle all that apply)**

Bottle                      Transition cup                      Regular cup

What stage is your child at in eating development? **(please circle all that apply)**

Nursing/Bottle                      Spoon-fed                      Self-feeds

Does your child eat with you at the table?

Yes                      No

Does your child eat: **(please circle all that apply)**

Baby food                      Table food

Please describe your child's daily eating routine:

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Favorite foods:

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Is your child on a specific diet; i.e. vegetarian, dairy free or other?

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How many hours does your child sleep at naptime? \_\_\_\_\_

Time(s) of day: \_\_\_\_\_

At what time does your child go to bed at night time: \_\_\_\_\_

Does your child sleep through the night?

Yes                      No

Does your child sleep with: **(please circle all that apply)**

Pacifier                      Blanket                      Toy                      Bottle

Describe your child's sleep time routine:

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Does your child sleep in a crib, a bed, family bed? Please describe:

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**CHILD CARE HISTORY**

Does your child have prior experience with caregivers and/or babysitters?

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Please explain: (frequency, length of time, etc.)

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Was this care a positive experience for you and your child? Yes No

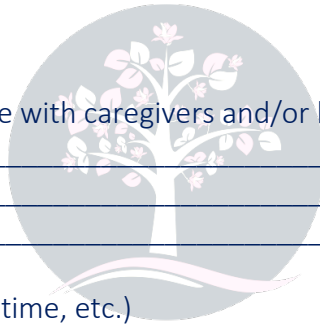
Please comment:

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**MEDICAL HISTORY**



MAGNOLIA  
MONTESSORI SCHOOL  
JOYFUL HEARTS, PEACEFUL MINDS

Birth:

Was your child premature?

Yes            No

If yes, explain:

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Was the pregnancy/delivery normal?

Yes            No

If no, explain:

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Since Birth:

Does your child have any allergies, medical conditions and/or chronic health concerns?

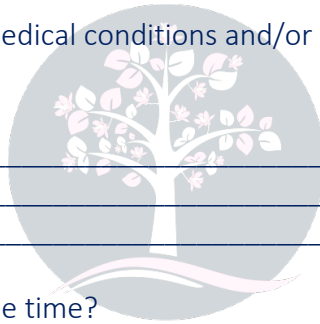
Yes            No

If yes, explain:

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Does your child seem well most of the time?

Yes            No

Have your child's eyes ever looked crossed?

Yes            No

Does your child have frequent ear infections?

Yes            No

If yes, how many?

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Does your child have ear tubes?

Yes            No

MAGNOLIA  
MONTESSORI SCHOOL  
JOYFUL HEARTS, PEACEFUL MINDS

Explain any special precautions we must take:

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Does your child have any suspected or known special needs/handicaps?

Yes                      No

If yes, please describe:

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Has your child experienced any of the following?

Surgery:

Yes                      No

If yes, please explain:

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Emotional Trauma (Other than what is listed above):

Yes                      No

If yes, please explain:

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**MAGNOLIA**  
**MONTESSORI SCHOOL**  
JOYFUL HEARTS, PEACEFUL MINDS

Is your child given any medication regularly?

Yes                      No

List:

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Is there anything else pertaining to your child's health that you wish to share with us?

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**PATTERNS/HABITS**

What is your child's favorite toys?

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What is your child's favorite activities?

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Is your child exposed to other children on a constant basis?

Yes                      No

If yes, please explain:

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How do you enjoy spending time with your child?

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What discipline methods are used? **(please circle all that apply)**

Talk to the child about what is unacceptable and what needs to be done.

Say "NO"

Spank

"Time Out" for \_\_\_\_\_ time/minutes

Separate child from others

Re-Direct

Other discipline methods used in family, please explain:

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MAGNOLIA  
MONTESSORI SCHOOL  
JOYFUL HEARTS, PEACEFUL MINDS

Does your child have any particular fears (i.e. fear of animals, etc.):

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**Is your child:**

Highly active?	Yes	No
Cautious?	Yes	No
Generally happy?	Yes	No
Shy?	Yes	No
Very quiet?	Yes	No

**Does your child:**

Cry often? Yes

No

Have temper tantrums? Yes

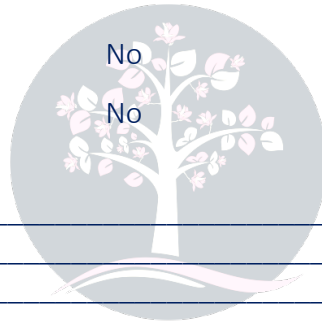
No

Describe your child's personality:

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Has your child recently experienced, or is your child about to experience, a major life change?  
For example:

Birth of a sibling?

Yes

No

Death of someone close?

Yes

No

Move to a new home?

Yes

No

Separation or Divorce?

Yes

No

New pet or loss of pet?

Yes

No

Move to a new bedroom or from crib to bed?

Yes

No

If yes, please explain:

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MONTESSORI SCHOOL  
JOYFUL HEARTS, PEACEFUL MINDS

We would appreciate any additional information concerning your child that might better help us to understand his/her “world”:

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Parent’s signature \_\_\_\_\_

Date \_\_\_\_\_



Thank you!

We look forward to a healthy and satisfying relationship with you and your family.

**MAGNOLIA**  
**MONTESSORI SCHOOL**  
JOYFUL HEARTS, PEACEFUL MINDS