



PRE-ADMISSION PARENT QUESTIONNAIRE

The school staff needs your help to understand and plan for your child's first day of school here at STEM Montessori Academy. Please fill out the following information and return it to the center prior to his/hers first day.

Date _____

Child's Name _____ Sex: M _____ F _____

Child's Preferred Name _____ (First, Middle, or Nickname)

Complete Address _____

Phone Number _____ Birth Date _____ Age _____

Planned Start Date _____ Grade Level (if applicable) _____

Parent 1's Name _____ Occupation _____

Cell Phone # _____ Business Phone # _____

Parent 2's Name _____ Occupation _____

Cell Phone # _____ Business Phone # _____

Is Parent 1 living? _____ Is Parent 2 living? _____ Separated? _____ Divorced? _____

Please list person authorized to pick up your child:

1. _____
2. _____
3. _____
4. _____

Is there anyone whom you **do not** wish to pick up your child? _____

If so, please give name and relationship to child.

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Other members of the family (brothers, sisters, grandparents) living at home:

Name	Age	Relationship	Name Used by Child
_____	_____	_____	_____



Has your child had any previous school experience? _____

If so, please give name and type of school

_____ Length of attendance _____

Does your child typically take a nap? _____ Morning _____ Afternoon _____

How many hours does your child sleep at night? _____

Is your child toilet trained? _____ Does your child use any special word for toileting _____

If so, please share _____

Describe your child's appetite:

always hungry _____ never hungry _____ snacks _____

eats at mealtime _____ has to be coaxed to eat _____

Are there any foods your child may not or cannot eat? (due to allergies, religious customs etc.)

_____ If so, please list: _____

Are there any foods your child dislikes? _____ If so, please list:

Child's Special Interests: singing _____ painting _____ stories _____

Trucks _____ pets _____ music _____

Outside play _____ coloring _____ Other _____

Is your child generally:

Cooperative? _____ Shy? _____ Competitive? _____

Happy? _____ Sensitive? _____ Angry? _____

Your child usually does what is asked of him/her? _____

Your child seldom does what is asked of him/her? _____ Whines? _____

List any other behaviors/characteristic of your child.

