

Date completed _____

Montessori School of Greater Hartford

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Toddler Program Questionnaire



Child's full name _____

Nickname? _____ Date of Birth _____ Gender _____

Address _____ City _____ State _____ Zip _____

General Health History

Describe your child's general health condition _____

Is there any pertinent information concerning your child's pre-natal or birth experience that you would like to share? _____

Has your child had any severe injuries or illnesses? Please explain. _____

Has your child been hospitalized? _____ Duration _____

Does your child have any physical restrictions? _____ If yes, describe briefly _____

When was your child's last visit to a doctor? _____ Why? _____

What is your plan for care when your child is ill? _____

Does your child have any allergies? _____ Please explain. _____

Is your child on any routine medication? _____ Please explain. _____

Behavior

Describe your child's general temperament _____

Circle the words that best describe your child:

happy	sensitive	friendly	impulsive	moody
quiet	dependent	stubborn	independent	attentive
industrious	withdrawn	agile	fearful	shy
even tempered	aggressive	good natured	industrious	playful

Does your child have any special fears? _____ If yes, please describe _____

What are your child's favorite activities? _____ Does
your child watch television and/or videos? _____ How long each day? _____

What is the general mode of discipline for your child at home? _____

Does your child accept correction easily? _____

Please indicate if your child has had to cope with any of the following:

Recent move? _____ Separation from a loved one? _____ Who? _____ How?
(death, estrangement, divorce, other) _____

Daily Routine

What time does your child get up in the morning? _____ and go to bed at night? _____

Does your child sleep through the night? _____ Describe the ease/difficulty of these times for your child.

Does your child nap during the day? _____ When? _____ How long? _____

What does your child sleep in? _____

Social Relationships

Does your child relate easily to new people? _____

What does your child enjoy doing with parent/guardian 1?

What does your child enjoy doing with parent/guardian 2?

Does your child play well alone? _____ With children of his/her own age? _____

Older children? _____ Siblings? _____

Has your child had a group play experience? _____ Please explain. _____

Name of any recent program that your child has been in. _____

Length of time in program? _____ May we contact them? _____

Name of Teacher _____ Phone # _____

Why do you want to send your child to a Montessori school? _____

What are your wishes, desires, etc. for your child now and in the future? _____

Additional comments _____

Mission Statement

The Montessori School of Greater Hartford fosters a strong foundation for confident, compassionate participation in the world by nurturing each child's unique gifts, passion for learning, and independence. As a community, we enrich families, live our diversity, and embody the Association Montessori Internationale (AMI) standards of excellence.

The Montessori School of Greater Hartford welcomes students of any race, color, national and ethnic origin to all the programs and activities offered at the school.