



MONTESSORI ACADEMY  
OF NORTH HOFFMAN

FREEMAN WEST HUNTINGTON FREEMAN EAST

### Developmental History

Child's Name				
	Last	Middle	First	Nickname
Date of Birth		Place of Birth		Sex:

Parents Marital Status:		Child Lives with:		Other:	
Was your child:	Adopted	Premature	Normal Birth		

Does your child have any health problems or disabilities?  Yes  No

If yes please explain:


List any previous illnesses or surgery and at what age:


Father's Name:		Age:		Mother's Name:		Age:	
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Age when Started to	Crawl	Walk	Say Words	Say Phrases
	Months	Months	Months	Months

### Daily Schedule

Awakes at		Breakfast at		Lunch at		Nap at		to		
Dinner at		Bedtime		Amount of TV time		hours per	<input type="checkbox"/>	Day	<input type="checkbox"/>	week
Programs watched										

Does your child have any food allergies, dislike, preferences or restrictions (vegetarian etc.)?  Yes  No

If yes, please explain:

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Does your child have any responsibilities?  Yes  No

Does your child carry them out willingly?  Yes  No

if no, who provides the prodding and what kind?

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What happens if your child does not carry out his responsibilities?

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Can you think of any ways you have structured the home environment to encourage her/his independence?


**Relationships:**

Are there any other children in the neighborhood?		What ages does she/he play with?	
How does she/he relate to them?		Age of brothers	
Age of sisters		How does your child relate to her/his siblings?	

Does she/he spend a significant amount of time with other adults, e.g.; a relative, a friend?  Yes  No  
Please explain.

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Why do you wish to send your child to a Montessori School? What do you expect your child to gain from this experience? Which area of development concerns you most – social, intellectual or emotional?


Has your child attended other schools?  Yes  No  
If so, which ones?


Have you read any Montessori books? any child-rearing books? Which ones?


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Signature

Date