## Montessori Children's House 400 Cloverdale Drive Council Bluffs, IA 51503 (712) 325-8346

Child's Name		
First	Middle	Last
Dete of Bith		
Date of Birth Month	Day	Year
Mohim	Day	rear
Parent Marital Status:		
Married Divorced Single _	Separated	Widowed
Other Children and persons living in trelationship)   1.   2.   3.   4.   5.   6.   7.   8.		
Food Allergies:		
Reaction:		
Prescribed Treatment: Please include an action plan completed by your child's physician.		
Food Sensitivities:		
Reactions: What foods should be avoided?		
Does your child have a hand prefere Is this your child's first school experier Does your child have other children	nce?	
How does your child get along with other children?		

How would you describe your child's personality/temperament?

Does your child have any known fears? \_\_\_\_\_

Does your child accept new people easily?

What activities does your child enjoy?

Does your child have any special talents, interests, or abilities?\_\_\_\_\_

Do you have any developmental concerns? (Please include any information from specialists that will be helpful to your child's teacher)

What general knowledge does your child have of letters, numbers, shapes, etc.?

Other information/General comments:

Montessori Children's House has permission to take pictures of my child and display them in the room? \_\_\_\_\_ make them available to view on mchcb.com? \_\_\_\_\_ post on the Montessori Children's House Facebook page? \_\_\_\_\_ (intial)

I am aware that a copy of the handbook is available on MCHCB.com. I have read and understand the policies covered in the handbook. I understand that failure to comply with MCH policies may result in my child's dismissal. \_\_\_\_\_ (initial) Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_