

**MI CASITA MONTESSORI SCHOOL  
PARENTAL QUESTIONNAIRE**

NAME OF CHILD:

DATE OF BIRTH:

In order to provide the highest quality program for your child to develop a foundation for life-long learning, we ask you to complete the following questionnaire in addition to the application. This information will be used for *planning purposes only* to help us understand your child and your understanding of the Montessori method of education. We believe it is essential to create a partnership between home and school to create optimal opportunities for development for your child.

---

WHAT WOULD YOU LIKE TO TELL US ABOUT YOUR CHILD? (PERSONALITY, LEARNING STYLE, GREATEST STRENGTHS, HOBBIES, SPECIAL INTERESTS OR TALENTS, ETC.)

HOW MUCH DO YOU UNDERSTAND ABOUT THE MONTESSORI METHOD OF EDUCATION?

WHY ARE YOU CONSIDERING MONTESSORI EDUCATION FOR YOUR CHILD? WHAT EDUCATIONAL GOALS DO YOU HAVE FOR YOUR CHILD?

CHILDREN ENTERING THE CHILDREN'S HOUSE PROGRAM MUST BE TOILET TRAINED. IS YOUR CHILD FULLY TOILET TRAINED? NOTE: CHILDREN ENTERING THE TODDLER COMMUNITY WILL BE REQUIRED TO WEAR UNDERWEAR AND BEGIN THE PROCESS OF SELF-TOILETING.

ARE YOU AWARE THAT AFTER CHILDREN TURN 5 (or when the directress determines a child is ready), CHILDREN ATTEND THE EXTENDED DAY PROGRAM UNTIL 3:00 P.M.?

DOES YOUR CHILD NAP?

IF SO, WHEN AND HOW LONG?

DOES YOUR CHILD SPEAK ANOTHER LANGUAGE? IF SO, SPECIFY.

WHAT ACTIVITIES DO YOU DO AS A FAMILY? COMMENT ON ANY ROUTINES SUCH AS MEALTIME, BED PREPARATION TIME, FAMILY RESPONSIBILITIES, ETC.

(OVER)

WHAT FORM OF DISCIPLINE DO YOU USE WITH YOUR CHILD?

HAS YOUR CHILD BEEN AWAY FROM YOU BEFORE? (PLEASE LIST ANY NURSERY SCHOOL, DAY CARE OR MONTESSORI EXPERIENCES AND DATES ATTENDED? ANY PROLONGED VACATIONS OR SEPARATIONS AWAY FROM PARENTS?)

CHILD LIVES WITH:  both parents  mom  dad  guardian

DOES YOUR CHILD HAVE ANY SPECIAL CARE or HEALTH NEEDS THAT THE SCHOOL SHOULD KNOW ABOUT? (disability, any lengthy illnesses, allergies, specify any medications prescribed for continuous or long term use, vision or hearing problems, special diets, etc.?)

HAVE THERE BEEN ANY UNUSUAL OCCURENCES IN YOUR CHILD'S LIFE? (Accidents, hospitalizations, moves, separation of parents, etc.?) WAS YOUR CHILD PREMATURE?

IS YOUR CHILD RESTRICTED IN ANY PHYSICAL ACTIVITY?

IS THERE ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD HELP US TO KNOW YOUR CHILD BETTER?

HOW DID YOU HEAR ABOUT MI CASITA MONTESSORI SCHOOL? WHO CAN WE THANK?

To truly create a partnership between home and school, one factor of a high quality program, we **require** parental participation. Each family must contribute a **minimum of 10 service hours per school year**. There are numerous opportunities to fulfill participation such as leading a special craft with the children, presenting a topic of interest, attending parent communication sessions, assisting in social events, fund-raising activities, substituting for absent teacher assistants, doing simple grounds maintenance or building repairs, helping edit the school newsletter, help in the office, etc. IS YOUR FAMILY WILLING TO FULFILL THIS COMMITMENT?

ARE THERE ANY SPECIAL TALENTS, HOBBIES OR INTERESTS YOU WOULD LIKE TO SHARE WITH THE CHILDREN OR CONTRIBUTE TO OUR SCHOOL?

Thank you for giving us the above information. It has been said the Montessori environment is one that usually meets the needs of all children; however, it may not meet the needs in a particular situation. Examples include, a child with a disability or special need or a home environment that is incompatible with the classroom environment. This is the reason for the 6-week probationary period. If your child has difficulty adjusting, we will make every effort to work with you in helping your child. However, we cannot guarantee that every child will be able to make the adjustment. If a child becomes a disturbance to the other children or otherwise unduly disrupts the orderly atmosphere of the classroom, we may have to ask that the child be withdrawn temporarily or permanently, depending on the nature of the problem.