



Suite 101, 57 East Main Street, Westborough, MA 01581

(508) 366-9288

eBridge Montessori School Developmental History and Background Information

Child's Name _____ **Date of Birth** _____

Gender _____ **Age** _____ **Date of Admission** _____

Developmental History

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

Other language spoken at home? _____

Special words to describe needs _____

Health

Any known complications at birth? _____

Serious illness and/or hospitalization: _____

Special physical conditions, disabilities: _____

Allergies i.e. Asthma, hay fever, insect bites, medicine, food reactions:

Regular Medications: _____

Eating Habits

Is there any eating problem? _____

Food allergies? _____

Special characteristics or difficulties: _____

Favorite foods: _____ Foods refused _____

Does child eat with spoon? _____ Fork? _____ Chopsticks? _____ Other _____

Toilet Habits

Does your child indicate his/her bathroom needs? Yes No. If yes, how? _____

Word for urination? _____ Word for bowel movement? _____

Is your child ever reluctant to use the bathroom? _____

Does the child have accidents? _____

Sleeping Habits

Does your child become tired or nap during the day (include when and how long?)

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

Describe any special characteristics or needs (stuffed animal, story, mood on walking etc)

Mood on awakening? _____

Social Relationship:

How would you describe your child: _____

By nature, is your child friendly? ____ Aggressive? ____ Shy? ____ Withdrawn? ____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Is your child frightened by animals? ____ Darkness? ____ Stranger? ____ Loud Noise? ____

Rough Child? ____ Anything else? _____

How do you comfort your child? _____

Who does most of the disciplining? _____

What is the method of behavior management/discipline at home:

What would you like your child to gain from his/her experience at eBridge Montessori School?

Daily Schedule:

Please describe your child's schedule on a typical day:

Is there anything else we should know about your child?

Parent/Guardian Signature

Date

Print Name of Parent/Guardian