

Montessori School of Greater Hartford

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## Primary 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, birth and first years 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industrious	withdrawn	agile	fearful	shy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 he/she have any special experiences or interests? \_\_\_\_\_

Does your child watch television and/or videos, play computer and/or video games? \_\_\_\_\_  
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 Mom? \_\_\_\_\_

What does your child enjoy doing with Dad? \_\_\_\_\_

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 \_\_\_\_\_

## Toileting

*It is our policy that all children who enter the Primary program of the Montessori School of Greater Hartford be toilet trained. Please be comforted by the fact that we expect that children will have accidents from time to time. We consider a child to be "toilet trained" if s(he) can indicate his/her bathroom needs, is comfortable and accepting of school toileting facilities and can complete the process without a need for an adult (for the most part). For your child's well being, please try not to pressure him/her into training in an effort to make the enrollment deadline because we feel it causes undue stress and anxiety and is rarely*

successful. A comfortable guideline is to give your child at least a month of successful toileting before starting school.

How does your child indicate his/her bathroom needs? \_\_\_\_\_

How long has your child been toilet trained? \_\_\_\_\_

Is your child fearful of new toileting situations? \_\_\_\_\_ Please explain. \_\_\_\_\_  
\_\_\_\_\_

### **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.