

MOUNTAIN WEST MONTESSORI  
PARENT FORM  
CONFIDENTIAL  
TODDLER PROGRAM

Name of the Child: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Family Information:**

1. Father's Name \_\_\_\_\_ Age \_\_\_\_\_  
Father's Occupation \_\_\_\_\_ Place of Work \_\_\_\_\_  
Email: \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Age \_\_\_\_\_  
Mother's occupation \_\_\_\_\_ Place of Work \_\_\_\_\_  
Email: \_\_\_\_\_
2. Are both parents living at home? \_\_\_\_\_  
Stepparents? \_\_\_\_\_
3. What language is mostly spoken at home? \_\_\_\_\_  
What other language does your child understand? \_\_\_\_\_
4. How many children are at home? Names and ages.  
\_\_\_\_\_  
\_\_\_\_\_
5. What activities do you do as a family?  
\_\_\_\_\_  
\_\_\_\_\_

**General Information**

Are you familiarized with the Montessori Method? \_\_\_\_\_  
Why did you choose Montessori for your child? \_\_\_\_\_  
\_\_\_\_\_  
What is Infant Community for you \_\_\_\_\_  
\_\_\_\_\_  
What skills do you expect from your child to develop in the Infant Community? \_\_\_\_\_  
\_\_\_\_\_  
What do you expect from the Guides?  
\_\_\_\_\_  
\_\_\_\_\_

**Child Information:**

Pregnancy weeks \_\_\_\_\_  
Describe your child? \_\_\_\_\_  
\_\_\_\_\_  
What is your child's routine? (extra activities included; soccer, ballet, etc) \_\_\_\_\_  
\_\_\_\_\_  
What form of discipline do you use with your child? \_\_\_\_\_

