

Leitrim Montessori Preschool  
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**Leitrim  
Montessori  
Preschool**

## Child Information for New Enrollment

Please note the following information is confidential and will only be used by school staff to help better understand and assist your child while at school.

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Names of family members:	Relationship to child:	The name the child uses for this person:

**What language(s) are spoken at home:** \_\_\_\_\_

**Pets:** \_\_\_\_\_

**Interests:** \_\_\_\_\_

\_\_\_\_\_

**Sociability:** \_\_\_\_\_

\_\_\_\_\_

**Adaptability/Specific Fears or Habits:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Behaviour:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Toilet Training:**

Is your child able to take care of his/her own toileting needs? \_\_\_\_\_

Please specify assistance needed, if any: \_\_\_\_\_

What words or indicators are used by the child?: \_\_\_\_\_

**Sleeping:**

Night from \_\_\_\_\_ to \_\_\_\_\_, Sound sleep? \_\_\_\_\_

Daytime nap from \_\_\_\_\_ to \_\_\_\_\_

Any fears/problems? \_\_\_\_\_

Does your child sleep with a toy? \_\_\_\_\_ Thumb? \_\_\_\_\_

**Eating:**

Appetite:    Good     Fair     Poor

List allergies: \_\_\_\_\_

Does your child have food restrictions? \_\_\_\_\_

How does your child feed him/herself: Finger Food     Spoon     Fork     Adult Feeds Child

**Dressing:**

Throughout dressing routines, does your child:

Require assistance \_\_\_\_\_

Independently dress \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are there any specific holidays, customs or cultural practices observed by your child/ family that you feel would be helpful for us to be aware of?** \_\_\_\_\_

\_\_\_\_\_

**If yes, would you like to help us share them with all the children?** \_\_\_\_\_

\_\_\_\_\_

**Is there anything else you would like us to know about your child?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_