

Our Children's Center Montessori School Family Questionnaire

Please help us get to know your child and your family. We look forward to forming a collaborative relationship, working together to ensure that your child reaches their fullest potential. Thank you for sharing this information with us. Please complete and return to OCC as soon as possible.

Child's Name: _____

Today's Date: _____

Please share why you have chosen Our Children's Center Montessori for your child.

What do you most hope that your child experiences during his/her time at OCC?

Do you have any special concerns about your child?

Is your child currently receiving early intervention services? _____ If yes, please explain and provide OCC with a copy of your child's current Individualized Education Plan (IEP) as applicable.

Does your child have any food restrictions or allergies? Please clearly explain. (All foods noted as allergens must be verified with a physician's note and plan of action).

Is your child completely potty trained? If not, what strategies are you using to work on this?

What is your child's typical daily schedule (waking time, snack/mealtimes, nap/s, bedtime, etc.)?

Does your child have any strong or unusual fears?

What are the professions of the adults living within your home?

Describe your family's traditions and cultural heritage. Please include a description of any special holiday or birthday celebrations.

Do you have any special interests or abilities that you may be interested in sharing with the school?

Please list areas of Montessori philosophy, early childhood education, child development, parenting, or other related topics that you might enjoy learning more about during OCC's Parent Education events.

Is there any social service area of need in which OCC could offer assistance to your family?

Is there anything else that you think would help us get to know your child or your family?
