

Maya Montessori About Your Child Form

Getting to Know Your Child

Please complete this form to help us better understand and care for your child as they transition into our program.

Child Information

Child's Full Name: _____

Preferred Name (if different): _____

Date of Birth (MM/DD/YYYY): _____

Parent/Guardian Name(s): _____

Primary Contact Number: _____

Primary language(s) spoken at home: _____

Child's Preferences

Favorite activities/toys: _____

Comfort items (blanket, pacifier, toy, etc.): _____

Special interests or hobbies: _____

Favorite songs, books, or shows: _____

Special words, phrases, or signs used at home: _____

Does your child have any fears or sensitivities? _____

Daily Habits

Typical nap schedule: _____

Typical eating habits or food preferences: _____

Any food dislikes or restrictions (besides allergies): _____

Toileting/Diapering routine (if applicable): _____

Does your child have any strong dislikes or triggers (noises, textures, etc.)?

Social and Emotional Information

Previous childcare experience: _____

Separation comfort strategies: _____

Typical reactions to new people or settings: _____

Best ways to comfort your child when upset: _____

Anything Else You'd Like Us to Know?
