

**Countryside Montessori
INFORMATION FORM - EARLY PRESCHOOL CLASS**

Child's Name _____ Date of Birth _____

Days of Enrollment _____ Hours of Enrollment _____

Parent's Names _____

Enrollment Date _____ Withdrawal Date _____

LUNCH TIME

Food Likes: _____ Dislikes: _____

Allergies or other health related concerns? _____

CHANGING

Does your child resist diaper changing time? _____

Do you use A&D, Desitin, or Vaseline? _____

NAPPING

Nap Time: _____ Does child use a pacifier? _____

Does your child need a special blanket, stuffed animal, etc. to sleep? _____ What? _____

Method of putting child to sleep: _____

OTHER INFORMATION

What does your child enjoy doing? _____

Does your child have any fears? _____

Has anyone, outside of your family, cared for your child before? _____ If so, what kind of an experience was it? _____

Has your child any special problems? _____

Describe your child to help us better understand how to provide care _____