



# MONTESSORI OF PLAINFIELD

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## PROFILE SHEET

Date: \_\_\_\_\_

School Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

### Developmental History

Accidents: \_\_\_\_\_

Illness: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is your child on any medication

Yes

No

Speech problems

Yes

No

Hearing problems

Yes

No

Child's health

Good

Fair

Poor

Any physical problems: \_\_\_\_\_

Chronic problems: \_\_\_\_\_

Dietary history (sensitive to any foods): \_\_\_\_\_

### School History

What other program has your child attended: \_\_\_\_\_

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