



# Avalon Montessori

395 Ray Thorington Road  
Montgomery AL 36117

[www.avalonmontessorimgm.com](http://www.avalonmontessorimgm.com)

## HELP US GET TO KNOW YOUR CHILD BETTER!

It is important for us that your child feels welcome and part of our Avalon community as soon as possible. The following information will help teachers better understand all the wonderful attributes that make your child unique.

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Name child prefers to be called. \_\_\_\_\_ Allergies: \_\_\_\_\_

Primary language(s) spoken at home? \_\_\_\_\_

My child resides with: Both Guardians \_\_\_\_\_ Guardian 1 \_\_\_\_\_ Guardian 2 \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Do you consider your child independent? \_\_\_\_\_ dependent? \_\_\_\_\_ for his/her age? Please elaborate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child had any opportunities to play with other children? How often? Please describe your child's play experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child nap or rest on the weekends? Daily \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_ How long? \_\_\_\_\_

Does your child have any special fears? Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_ Partially \_\_\_\_\_ Please describe frequency, timing, and types of accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family and life changes affect your child in many ways. Please let us know if at this time there any changes or events are going on in the life of your child that we should be aware of? \_\_\_\_\_

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How do you discipline your child? Describe any discipline issues and explain how you handle them? \_\_\_\_\_

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What interactions with you your child, if any, do you consider to be particularly frustrating? \_\_\_\_\_

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Do you have any suggestions that might increase your child's comfort level in the classroom her at Avalon Montessori School? \_\_\_\_\_

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Where has your child been cared for and/or attended in the last year? Please describe your child's experience. \_\_\_\_\_

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Does your child have any learning difficulties or difficulties with vision, hearing, or speaking? \_\_\_\_\_

Are there any reports, assessments, or narratives available for our review? If yes, please attach a copy with this form. Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child receive any special services now or has in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for what area(s) of need? \_\_\_\_\_

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Are there any legal proceedings between guardians (e.g., restraining order, divorce, child custody issues) that are ongoing at the time of enrollment that AMS needs to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

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