



# MONTESSORI OF FRANKFORT

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## PROFILE SHEET

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

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 programs has your child attended \_\_\_\_\_

\_\_\_\_\_