



## HELP US ASSIST YOUR CHILD

(See both sides)

Child's Name: \_\_\_\_\_

### A. Your child's daily patterns and routines

1. How many hours of sleep does your child get on average? How is this sleep distributed over a 24 hour period? What bedtime routines do you find helpful?
2. At what times does your child eat? What are mealtimes like? What sorts of food do they enjoy for breakfast, lunch and dinner?
3. Describe a typical day for your child during the week and the weekend.
4. After starting at The Montessori Place, how much time each week will your child be spending with someone other than your family? Whom with?

### B. Your child's personality and development

1. What are the primary languages spoken at home?

2. What are their three favourite books?

3. What are some of their favourite toys or activities?

4. How much time each week if any does your child spend with a screen (phone / computer / television)?

5. Is there anything else you would like to share with us that would better help us meet your child's needs?

6. Are there any parenting topics that you might be interested in discussing over the course of the school year?