



Montessori Learning Center of Edison Park
6740 N. Oliphant Ave.
Chicago, IL 60631
(773)774-1969
mlcep@aol.com

Child Development History

Child's Name _____

Birthdate _____ Gender _____

Communication Skills

What is your child's first language? _____

Is your child exposed to any other languages? If so, which languages and how often? _____

Can your child express their needs in English? _____

Motor Skills

Which hand shows more dominance, left or right? _____

Can your child keep his/her balance? _____

Medical History

Does your child have any of the following?

___Allergies ___ Reoccurring Ear Infections ___Fractures ___Hearing Difficulty ___Vision
Difficulty ___ Other (if so please specify: _____)

If you have checked yes for any of the above, please explain FULLY _____

List any required medications _____

Behavior History

Does your child's history contain:

Finger sucking? _____

Hyperactivity, if yes please explain FULLY and COMPLETELY _____

Does your child have any particular fears? If yes please state and explain _____

Are your child's sleeping and eating habits scheduled? Please explain _____



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Social

Does your child take to new people and environment easily? _____

Does your child separate from you easily? _____

Family Information

Please list the names and ages of the child's siblings:

 Name Age

 Name Age

FOR TODDLER APPLICANTS ONLY

Motor Skills

When did your child sit? _____ Crawl? _____ Stand? _____ Speak in words? _____
 Make sentences? _____

Behavior

Does your child dress him/herself? _____
 Does your child feed him/herself? _____
 Does your child have tantrums? _____
 How does your child express his/her anger? _____

Social

What ages of your child's playmates? _____
 Is your child toilet trained? _____
 What words does your child use for toileting? _____

ALL APPLICANTS ANSWER THE QUESTION BELOW

Has your child attended any other schools? _____

 Signature of Parent or Legal Guardian Date

 Signature of Parent or Legal Guardian Date