



# Lagniappe Montessori & Children's Center

## All About Me

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

DOB: \_\_\_\_\_

### Identifying Information:

eye color: \_\_\_\_\_ hair color: \_\_\_\_\_ identifying marks: \_\_\_\_\_

### Developmental Milestones: (ages began...)

crawling: \_\_\_\_\_ walking: \_\_\_\_\_ talking: \_\_\_\_\_

### General:

How do you help your child deal with separation anxiety if it occurs?

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What is your child's reaction to strangers?

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Does your child nap? What time and for how long?

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Does your child have any allergies? If so, please list.

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Does your child dislike any particular foods?

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Is this your child's first group experience? \_\_\_\_\_

Does your child have any particular fears?

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Does your child have any special needs that we should be aware of?

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Is there anything that you feel we should know in order to help your child transition to school?

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