



**Oak Hill Montessori School  
Elementary Program  
Child's Profile**

For our staff to have a better understanding of your child, we request your cooperation in completing and returning this Child Profile.

Child's Name \_\_\_\_\_ Calling Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Previous School \_\_\_\_\_

1. What about Oak Hill Montessori Appeals to you?
2. How did you hear about Oak Hill Montessori Program?
3. Why are you interested in a Montessori elementary school for your child?
4. What are your expectations of a Montessori school? What do you feel is the most important benefit your child can gain from this experience?
5. What does your child like to do independently both indoors and outdoors?
6. How does you child respond to frustration?
7. If your child has attended another school or daycare center, please describe the experience. What things did she or he like and dislike?

8. Is your child involved in any individual or group activities outside of school such as piano lessons, gymnastics, etc.?
  
9. Has your child experienced separation anxiety in other situations? If so, how have you and your child handled the situation?
  
10. What are you child's physical, emotional and / or academic special needs?
  
11. How much television does your child watch per day? What is the average number of hours that a television set is on in your household?
  
12. Does your child use a computer? If yes, how often is it used and what activities does he or she enjoy?
  
13. What do you feel are your child's strongest assets and those which you feel are especially important to nurture?
  
14. Please state your alternate child care plan in the event your child is ill.
  
15. What are your short-term and long-term education goals for your child both at Oak Hill and beyond?
  
16. Is there any additional information about your child that you would like to share with us?

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Parent's signature

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Date