



Treehouse Montessori Child Development Centre
Primary Intake Interview Form

Child's Name: _____ Birthdate: _____
Parent/Contact Name: _____
Address: _____
Email: _____ Phone: _____

Thank you for your interest in Treehouse Montessori Child Development Centre. In order to build a better understanding about you, your family, your child, and our school, we'd like to ask some questions. The values and philosophies we hold true to in our classroom are integrated into the questions we are asking you here, so as you move through this interview form we encourage you to thoughtfully consider whether, in light of the values we encourage here, your child is ready to start our program.

Section A: Family Values

The following are values and precepts that are key to our centre's educational structure and teaching philosophy. We would like families to rate the following statements *in order of importance to you from 1 to 10* so we can get to know about your own interests.

- | | |
|--|-------|
| A. I want my child to be ready for school. | _____ |
| B. I want my child to play well with other children. | _____ |
| C. I want my child to be a problem-solver. | _____ |
| D. I want my child to be safe and healthy | _____ |
| E. I want my child to be able to communicate with others | _____ |
| F. I want my child to be independent | _____ |
| G. I want my child to have a sense of self-discipline | _____ |
| H. I want my child to be compassionate towards others | _____ |
| I. I want my child to show curiosity towards learning | _____ |
| J. Other: Please list here: | |

Section B: Family Goals

Please write a short paragraph for us: Where do you picture your child at the age of 25? What do you see for your child? What are your dreams for your child? Please staple an extra piece of paper at the back if needed.

Section C: Family Pasttimes

We'd like to get to know your family now. Please provide us the following information about your family in the box below:

How does your family enjoy spending time together? Who is your child closest to in the family? Does discipline/dealing with behavior differ from parent to parent in your family?

What languages does your family speak at home? What is your primary language?

Are there special cultural traditions your family loves to celebrate each year? Please describe some of these in detail for us here:

What are some ways you would like to share your traditions and/or culture with children at the centre? Are there ways we can support your culture at our centre as well?

Section D: Describing Your Child

Please circle the words below that best describe your child:

- | | | | | |
|-----------|---------------|-----------|---------------|--------|
| Sensitive | Friendly | Playful | Cooperative | Active |
| Attentive | Reserved | Orderly | Cheerful | Quiet |
| Helpful | Free-spirited | Dreamer | Head strong | Shy |
| Assertive | Confident | Gentle | Even-tempered | Calm |
| Anxious | Emotional | Excitable | Weepy | Hyper |

Complete this section by telling us what your child's greatest strengths are below:

Section E: Getting to Know Your Child

We would like to learn more about your child’s needs and interests as well as personal history. Please answer the following questions as best you can.

Has your child attended a daycare in the past? YES NO

What did you like about your previous daycare? What did you dislike? What made your final choice to leave this daycare? _____

Has your child had experience in being away from you? How did these transitions go in the past?

Is your child able to relate to new people easily? What is their typical reaction when they meet new people?

What kinds of activities does your child enjoy doing? Name any programs or extracurricular classes your child has been involved with in the past (ex. Camps, swimming, church activities).

What are some responsibilities or chores that your child takes on at home? What are some ways your child helps out with the daily care/self-care when at home?

Section F: Parenting Practices

Please describe how you would handle the following situations:

<p><i>Your child has a temper tantrum in the middle of the grocery store.</i></p>

Your child hits another child they are having conflict with at the park.

Your child is running down the hallway of the library, and the librarian asks them to be quiet.

Section G: General Health Questions

Is your child a healthy sleeper? Do they nap during the day? What time do they wake up / go to bed at? Does your child sleep alone at night?

Is your child potty-trained? If so, at what age were they able to start using the bathroom on their own? Are there any bathroom issues we should know about?

Is there any present information concerning your child's pre-natal or birth experience you feel is important to share with our educators?

Does your child have any eating difficulties? Are they fed at home, or able to eat independently? Is your child a picky eater, or are they willing to try new foods? Please list some of their favorite foods here:

Does your child have any handicaps or learning challenges? Have they ever been assessed for speech issues? Inform us of any areas of concern you may have here.

Has your child ever been hospitalized? If so, please provide us information on the duration and reason for this hospital stay.

At what age....

Did your child start crawling? _____

Did your child start walking? _____

Did your child start talking? _____

Please note here any other milestones you feel are important for educators to know:

Final Thoughts: What are the things you would like our educators to work with your family on?
Is there anything else you think we should know about your child or your family?

Thank you for your time and cooperation with this! It is greatly appreciated!