



# Noble World Montessori School

Founded 1993

" ..The most important period of life is not the age of university studies; rather the period from birth to the age of six, for that is the time when intelligence itself is being formed. "  
Dr. Maria Montessori

## HEALTH HISTORY

Child's Full Name \_\_\_\_\_

Has child been under regular supervision of physician?  
Date of last physical / medical examination of child \_\_\_\_\_

### DEVELOPMENTAL HISTORY

Walked at (age in terms of months)  
Began talking at (age in terms of months)  
Toilet training began at (age in terms of months)

### PAST ILLNESSES

Please indicate illnesses child has had with age of child when occurred:

Age of child

\_\_\_\_\_ Asthma  
\_\_\_\_\_ Chicken pox  
\_\_\_\_\_ Diabetes  
\_\_\_\_\_ Hay fever  
\_\_\_\_\_ Mumps  
\_\_\_\_\_ Poliomyelitis  
\_\_\_\_\_ Rubella (3-day measles)  
\_\_\_\_\_ Whooping cough  
Immunization form # and expiration date \_\_\_\_\_  
Specify and other serious or severe illnesses or accidents \_\_\_\_\_

List any allergies of child \_\_\_\_\_  
How many colds did your child have last year? \_\_\_\_\_

What is plan for child when ill? \_\_\_\_\_

Parent's evaluation of child's health \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's evaluation of child's personality \_\_\_\_\_  
\_\_\_\_\_

Has the child had group play experiences? \_\_\_\_\_

Does the child have any special fears or problems? \_\_\_\_\_  
\_\_\_\_\_

Does child have pets? \_\_\_\_\_

Favorite games, toys, activities? \_\_\_\_\_  
\_\_\_\_\_

Any comments to help us better understand your child? \_\_\_\_\_  
\_\_\_\_\_

What do you expect from Montessori education for your child? \_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

### DAILY ROUTINE

What time does child wake? \_\_\_\_\_

If child naps, when and how long? \_\_\_\_\_

What time does child go to bed? \_\_\_\_\_

Does child sleep well? \_\_\_\_\_

When and what does child usually eat?

Times \_\_\_\_\_

\_\_\_\_\_ Breakfast : \_\_\_\_\_

\_\_\_\_\_ Lunch : \_\_\_\_\_

\_\_\_\_\_ Snack : \_\_\_\_\_

\_\_\_\_\_ Dinner : \_\_\_\_\_

Any food dislikes? \_\_\_\_\_

Any eating problems? \_\_\_\_\_

If bowel movements are regular, what time(s)? \_\_\_\_\_

Word child says for "bowel)movement" \_\_\_\_\_

What child says for "toilet" \_\_\_\_\_

Does child need help with any of the following? (please circle)

Toilet   dressing   undressing   eating   washing hands

How does child get along with :

Father? \_\_\_\_\_

Mother? \_\_\_\_\_

Siblings? \_\_\_\_\_

Other adults? \_\_\_\_\_

## **Observation, Discovery, Learning**