



Little Cube Montessori

Preschool & Kindergarten

Thank you for your interest in our preschool and for booking a tour spot. Please fill out this form and send it back to us **BEFORE** your tour. These answers will help us determine which class and program are best suited for your child. There are no incorrect answers.

Child's name	Date of birth	Your name
Phone number	Email	Class preference (circle one) AM PM

Is your child <u>FULLY</u> toilet trained in the daytime?	YES	NO
Is your child <u>PARTIALLY</u> (pee only) toilet trained in the daytime?	YES	NO
Can they feed themselves using a fork or spoon?	YES	NO
Can they drink from a glass?	YES	NO
Does your child still nap?	YES	NO
If yes, when do they nap?	AM or PM	

What language is primarily spoken at home: _____

Can you understand your child when they speak this language? **Check one only.**

SOMETIMES	MOST OF THE TIME	ALL OF THE TIME
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If your primary language spoken at home is **NOT English**, can they speak some English? YES NO N/A

If your child doesn't speak any English, can they understand some English words? YES NO N/A

If English is not your child's primary language, and they can speak some English, can you understand them?
Check one only.

SOMETIMES	MOST OF THE TIME	ALL OF THE TIME
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Do you have any concerns about your child's development? YES NO

If YES, what is/are the concern(s)? _____

If YES, have you addressed these concerns with your doctor or other medical professional? YES NO

Is there anything else we should know about?
