

Fields of Green Montessori School

58 Sandhill Road

Vernon NJ 07462

973-823-0804

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Name of Student: _____

1. What are the parent's hobbies?
2. Are you or your child(ren) bilingual? If so, what languages are spoken?
3. Is your child called by a nickname? If so, what is the name? Do you prefer us to use that name when we teach your child how to spell his/her name?
4. Are there any special talents you have that you would be willing to share with the class at some point during the school year?
5. Are there any cultural practices or special holidays you celebrate that would be willing to share with the class?
6. Does our child have any handicaps, known learning disabilities or delays or emotional disorders? (If so, please attach any documentation so we can better serve your child.)
7. Does your child have any chronic illnesses or special surgeries we should be aware of?

8. Are there any situations in the home we should be aware of? (Divorce, death, newborn infant arriving, custody situations, living with grandparents, etc.?) Please note that we ask this only as a means of understanding your child and possible behavior situations more clearly.
9. Do you foresee using our extended care program before and after school? If so, what times do you expect you will need care?
10. What are your expectations of your child in this school setting?
11. What are your expectations of this school for the duration of your child's experiences here?