



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 bring it with you on 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 FULLY toilet trained?	YES	NO
Is your child PARTIALLY toilet trained?	YES	NO
Can they feed themselves using a fork or spoon?	YES	NO
Can they drink from a glass?	YES	NO
Does your child nap still? If yes, when? AM PM	YES	NO

What language does your child speak at home mostly: _____

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

SOMETIMES	MOST OF THE TIME	ALL OF THE TIME
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If your child speaks a language other than English at home, can they speak 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 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**