Little Cube Montessori
Preschool & Kindergarten

Possible Start Date:

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:** **AM** ☐ **PM** ☐

Is your child ***FULLY*** toilet trained in the daytime?	**Y** ☐	**N** ☐
Is your child ***PARTIALLY*** (pee only) toilet trained in the daytime?	**Y** ☐	**N** ☐
Can they feed themselves using a fork or spoon?	**Y** ☐	**N** ☐
Can they drink from a glass?	**Y** ☐	**N** ☐
Does your child still nap?	**Y** ☐	**N** ☐
If yes, when do they nap? **AM** ☐ **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**

If your primary language spoken at home **is NOT English**, can they speak some English? **Y** ☐ **N** ☐ **N/A** ☐

If your child doesn't speak any English, can they understand some English words? **Y** ☐ **N** ☐ **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**

Do you have any concerns about your child's development? **Y** ☐ **N** ☐

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

IF YES, have you addressed these concerns with your doctor or other medical professional? **Y** ☐ **N** ☐

Is there anything else we should know about?