

**New TODDLER Student Profile Form 2021-2022**

**Name of Student:** \_\_\_\_\_

**Age of Student:** \_\_\_\_\_

**First Day of School:** \_\_\_\_\_

In order for the teacher(s) to best prepare for your child's education, we ask that you please complete the form below.

**Medical History**

1. Does your child have any allergies:    YES                    NO

Please state:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child Immunized?    **Yes / No**

If not Immunized, has an affidavit been submitted to admin?    **Yes / No**

2. If applicable, list all communicable diseases your child has had since birth. (Refer to parent handbook for diseases; ex. Hand, Foot and Mouth, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has your child had 4-5 or more ear infections?    YES                    NO

Has your child had their hearing tested?                    YES                    NO

If Yes when? \_\_\_\_\_

Comment:

\_\_\_\_\_  
\_\_\_\_\_

4. Did your child experience distress during childbirth?    YES                    NO

If YES, comment:

\_\_\_\_\_  
\_\_\_\_\_

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5. Have you read the NEW COVID Post-Pandemic Policy on our MSK Parent Portal and the Covid Edition MSK Parent handbook?      YES              NO

Any questions?

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6. Has your child been exposed to anyone with Covid19 or has your child been tested for Covid19?

YES              NO

If Yes please explain:

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**Developmental Milestones History**

1. At what age did your child begin to walk?

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2. At what age did your child begin to babble?

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3. At what age did your child begin to use words?

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4. When eating does your child have sensitivities/aversions to particular foods or food textures?

YES              NO

If Yes comment:

5. Has your child lost any previous language or social skills? YES NO

If Yes comment:

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**18-24 months**

**24-30 months**

<u>Does your child:</u>	<u>Circle One</u>		<u>Does your child:</u>	<u>Circle One</u>	
Use at least 20 words	Y	N	Use at least 100 words	Y	N
Imitate and respond towards gestures	Y	N	Speak in short phrases (2 – 4 words)	Y	N
Point to familiar objects	Y	N	Follow two-step direction	Y	N
Demonstrate some pretend play with toys	Y	N	Enjoy interacting with other children	Y	N
Walk independently	Y	N	Run or walk fast	Y	N
Attempt to feed themselves	Y	N	Demonstrate pretend play	Y	N
Stutter sounds	Y	N	Try to undress self	Y	N
Recognize Family Members	Y	N	Scribble with crayons	Y	N
Eat Solid Foods	Y	N	Stutter words	Y	N
			Feed themselves with a utensil	Y	N
			Eat Solid Foods	Y	N

6. Describe your child's sleeping patterns.

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**GENERAL**

1. Does your child have any siblings? Age of each, if applicable.

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2. Describe your child's temperament and behaviour.

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3. How many languages does your child hear at home? What are they?

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4. What cultural celebrations does your family participate in?

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5. What are your child's interests?

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6. What activities do you participate in with your child at home?

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**CHILDCARE**

1. What were the previous Daycare/ Babysitter/ Private Home Care that your child attended?

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2. For how long did your child attend this childcare setting?

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3. What was your child's experience there?

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4. What are your expectations for your child this year at MSK?

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5. Are you aware that the expectation at MSK will be for your child to begin in the Casa Program (in September or January), upon the year that he/she turns age 3? Are you committed to contributing to the process of Toilet-training your child in partnership with the Toddler Teachers at MSK to ensure that your child is completely toilet-ready and independent in his/her use of the washroom once he/she is ready to transition into the Casa Program? Please comment:

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6. Why did you choose the Montessori School in Kleinburg for your child?

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