



AMARILLO
MONTESSORI ACADEMY

Infant Questionnaire

Sleeping

How do you put your child to sleep? (Rocking, holding, just lay down in the crib, etc.)

What is your child's attitude at bedtime? (Easy going, fights sleep, etc.)

Approximate bedtime in the evening? _____

Approximate time your child wakes up in the morning? _____

What position does your child typically sleep in? (Back, tummy, sides)

- Please understand that by the state regulations minimum standards we are required to lay children on their backs to sleep to reduce the risk of SIDS. If possible, this needs to be practiced at home in preparation for school.

Is there anything about your child's sleeping habits you would like us to know?

Diapering

Is there anything you would like us to know?

- We change the children's diapers every two hours and when necessary. You will get a strip of paper stapled to the strap of your bag when we run low on supplies and need something replaced.

Other Information

What do you enjoy most about your infant?

How does your infant react to a new situation?

What are some ways you use to calm your infant when upset or crying?

Has your infant been separated from wither parents for a long period of time? If so, how did your infant react?

Does your infant have a special comforting article? (Blanket, bear, pacifier)

What do you expect to get out of the infant program?

What do you hope your child gains from this program?

Is there anything else you would like us to know about your child or family?

Monthly Feeding Schedule

Child Name: _____

Parent's Name: _____

Please write your child's feeding schedule as it falls from 7:30am to 6:00pm.

Parent Signature: _____

Buggy Ride Consent Form

Every day we try to get the kids outside either on the playground or on a buggy ride around the block for about 20 minutes (weather permitting). However, the buggy ride is considered a class field trip, so we need permission to do so.

I WILL / WILL NOT allow my child to go on a buggy ride.

Child Name: _____

Parent's Signature _____ Date _____