



Quad City Montessori School

2400 East 46th Street
Davenport, IA 52807
(563) 355-1289

Student Profile

(To be given to your child's teacher)

We know that some of this is duplicate information but we appreciate your taking the time to fill it out!

Child's Name: _____ Birthdate: _____

Name your child prefers to be called (if different from given name): _____

Telephone Numbers

Mom (Name): _____

Dad (Name): _____

Home: _____

if different: _____

Work: _____

Work: _____

Cell Phone/Pager: _____

Cell Phone/Pager: _____

E-mail address (optional): _____

If parents cannot be reached, who is the first person you would like us to call? _____

Does your child have any allergies? (Yes) (No) If yes, please list: _____

Has he or she ever been stung by a bee? (Yes) (No) If yes, did he/she have a reaction? _____

Has your child eaten peanut butter or other nuts with a reaction? (Yes) (No) If yes, explain: _____

Does your child have any food allergies or eating difficulties? (Yes) (No) If yes, explain: _____

Does your child have asthma or any other chronic conditions of which we should be aware? (Yes) (No)

Explain: _____

Was there anything unusual about your child's birth? (Yes) (No) Explain: _____

Is your child potty-trained? (Yes) (No)

Does your child have any bathroom difficulties such as constipation? (Yes) (No) Explain: _____

Does your child require assistance in the restroom? (Yes) (No)

What are your child's interests? _____

What do you see as your child's strengths? _____

Do you have any particular concerns about your child? _____

What are you hoping your child will experience at QCMS? _____

Do you have any pets? What are their names/type? _____

(continued on reverse)

