

# Mohawk Country Day School - Background Report

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Public School District \_\_\_\_\_ Last School \_\_\_\_\_

Are there other children in the family?

Names \_\_\_\_\_ Birthdates \_\_\_\_\_

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

Members of the household, besides parents \_\_\_\_\_

Previous group experience? \_\_\_\_\_

Is your child accustomed to being away from his/her parents? \_\_\_\_\_

How dependent is your child on someone to keep him/her occupied? \_\_\_\_\_

What is his/her reaction toward authority at home? \_\_\_\_\_

How does he/she feel about babysitters? \_\_\_\_\_

How much time with videos/TV? \_\_\_\_\_ Who selects them? \_\_\_\_\_

What does your child like to do? \_\_\_\_\_

\_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

How many hours does your child sleep at night? \_\_\_\_\_ Nap? \_\_\_\_\_

Are there any sleeping difficulties?

\_\_\_\_\_

Bed wetting? \_\_\_\_\_ Likes to go to bed? \_\_\_\_\_

Hard for him/her to get to sleep? \_\_\_\_\_

Nightmares?

\_\_\_\_\_

Child sleeps in own room or shares with someone else? \_\_\_\_\_

Bathroom Concerns? \_\_\_\_\_

For 3 year olds and Older: Age when daytime control was established: \_\_\_\_\_  
Age when nighttime control was established \_\_\_\_\_

What toilet words do you use? \_\_\_\_\_

Significant Health History (i.e., diabetes, seizures, heart disease, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any allergies? [ ] Yes [ ] No      Require an epi-pen? [ ] Yes [ ] No

If yes, what is he/she allergic to and what are the symptoms? \_\_\_\_\_

Dresses himself/herself? \_\_\_\_\_

Has he/she developed any habits you wish would be outgrown? \_\_\_\_\_

Any speech concerns? \_\_\_\_\_

Any physical concerns? \_\_\_\_\_ If so, is there any particular care or support needed while at school? \_\_\_\_\_

What does your child tend to do when:

Excited \_\_\_\_\_

Frightened \_\_\_\_\_

Punished \_\_\_\_\_

Hurt \_\_\_\_\_

What interest has your child shown in stories?

Likes to be read to? \_\_\_\_\_

Likes to look at pictures? \_\_\_\_\_

Asks about letters or words? \_\_\_\_\_

Is your child interested in counting objects? \_\_\_\_\_

What interest does your child show in music? \_\_\_\_\_

Are there any other comments that would help us to know and understand your child?  
\_\_\_\_\_  
\_\_\_\_\_

What objectives do you wish your child to attain at the Mohawk Country Day School?  
\_\_\_\_\_  
\_\_\_\_\_

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Family Password: \_\_\_\_\_ (To be used by anyone picking your child up from school)

I give permission for my child to leave the school premises for school-sponsored trips:

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_