



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? _____

Hard for him/her to get to sleep? _____ Likes to go to bed? _____

Bed wetting? _____ 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? _____ Does your child receive and services? _____

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

Does your child currently receive any related services at school or home? (OT/PT/Sp&Lg) _____

If yes, please list the service(s) _____

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?

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

Parent's Signature _____ Date _____

