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## Mohawk Country Day School Background Information Form

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

Public School District: \_\_\_\_\_ Previous School/Group Experience: \_\_\_\_\_

Names and birthdates of other children in the house: \_\_\_\_\_

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 screentime with videos/TV? \_\_\_\_\_ Who selects the programming? \_\_\_\_\_

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

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

How many hours does your child sleep at night? \_\_\_\_\_ Nap? \_\_\_\_\_ Likes to go to bed? \_\_\_\_\_

Are there any sleeping difficulties? \_\_\_\_\_

Hard for them to get to sleep? \_\_\_\_\_ Bed wetting? \_\_\_\_\_ Nightmares? \_\_\_\_\_

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

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

(Ages 3+): 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.) \_\_\_\_\_

Does your child have any allergies? [ ]Yes [ ]No Does your child require an Epi-Pen for their allergy? [ ]Yes [ ]No

If your child has an allergy, what are the symptoms? \_\_\_\_\_

Are there any habits you wish your child would outgrow? \_\_\_\_\_

Do you have any emotional concerns for your child while at school? \_\_\_\_\_

Do you have any physical concerns for your child while at school? \_\_\_\_\_

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): \_\_\_\_\_

What does your child tend to do when? Excited: \_\_\_\_\_ Frightened: \_\_\_\_\_

Punished: \_\_\_\_\_ Hurt: \_\_\_\_\_

Does your child: Dress themselves? \_\_\_\_\_ Show an interest in stories? \_\_\_\_\_

Like to be read to? \_\_\_\_\_ Like to look at pictures? \_\_\_\_\_ Asks about letters or words? \_\_\_\_\_

Show interest in counting objects? \_\_\_\_\_ Show interest 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 Mohawk Country Day School? \_\_\_\_\_

Parent Signature

Date