

Student Information Form

Required for new students only.

Child's Name: _____ Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Other caregiver(s): _____

Describe the relationship of your child to:

Mom: _____

Dad: _____

Siblings: _____

The child lives with:

Mom and Dad

Mom

Dad

Other Caregivers

Joint Custody

1. Who helps with the rearing of your child?

2. Did you or your child experience difficulties during childbirth?

3. List some of your child's favorite toys:

4. Does your child prefer to play alone?

5. How does your child interact with other children?

6. Does your child have many friends?

7. Is your child permitted to participate in household activities, such as dishwashing or clothes-folding?

8. At what age was your child toilet-trained? _____

9. Does your child have any disability that you know of?

10. Does your child have any allergies or sensitivities? (Please list)

11. Does your child take any daily medication? (Please list)

12. Describe your child's general health.

13. Describe your child's eating habits. What foods are typically eaten for breakfast?

14. How much television does your child watch daily? _____

15. How frequently do you read to your child? _____

16. Does your child rest well at night? Describe any issues.

17. Has your child ever been away from home for any length of time? Please describe.

18. Has your child had previous group experience? Please describe.

19. Describe the methods of discipline used by both parents.

Mother: _____

Father: _____

20. How are conflicts with playmates solved at home? Please describe.

21. What is the primary language spoken at home? Secondary?

22. Have you noticed anything positive, negative or unusual about your child's hearing, speech, vision or motor skills?

23. Is there anything you feel we should know about your child that has not been asked?
