

**CHILD PROFILE**

***Elementary***

*Please answer each question to the best of your ability.*

*Please be specific.*

Date\_\_\_\_\_

Completed by\_\_\_\_\_

Child's Name\_\_\_\_\_ Home Phone\_\_\_\_\_

Address\_\_\_\_\_

Date of Birth\_\_\_\_\_ Place of Birth\_\_\_\_\_

Parent Names\_\_\_\_\_

**BIRTH HISTORY**

Length of pregnancy\_\_\_\_\_

Anything unusual or important about pregnancy and birth\_\_\_\_\_

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

Handedness Left  Right

Any physical limitations\_\_\_\_\_

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

Important medical information for staff to know\_\_\_\_\_

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

Any medications at present\_\_\_\_\_

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

Places the child has lived to date \_\_\_\_\_

Is either parent away for long periods of time? YES  NO

Is the child adopted? YES  NO  If yes, does the child know? YES  NO

If yes, where and when? \_\_\_\_\_

Does the child live with both parents? YES  NO

If not, does he/she spend time with both? YES  NO

How much time does he/she spend with \_\_\_\_\_ (Mother)

\_\_\_\_\_ (Father)

Please list all siblings and ages \_\_\_\_\_

\_\_\_\_\_

Please list everyone who resides in the home with the family \_\_\_\_\_

Does your child eat breakfast? YES  NO

Briefly describe your child's sleep habits including amount of sleep required \_\_\_\_\_

Does your child have any unusual or recurrent fears? YES  NO

Any recent or upcoming changes in the child's home or family life (move, separation, hospitalization) \_\_\_\_\_

Previous school experience	WHERE	WHEN
_____	_____	
_____	_____	
_____	_____	

Any school adjustment difficulties? \_\_\_\_\_

Approximate amount of TV watched per week \_\_\_\_\_

Does your child enjoy reading YES  NO

List after school activities \_\_\_\_\_

\_\_\_\_\_

What interests your child most \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What regular responsibilities does your child have at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child respond to stressful situations? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's method of discipline \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did you choose Clemson Montessori School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your greatest priorities for your child's education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Clemson Montessori? \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_