

CHILD PROFILE

Pre-Primary, Primary and Peanut

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? _____

Age child crawled: _____ Age child walked: _____ Age child talked: _____

Does child show hand preference? YES NO 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

Has your child had a previous school or child care experience? YES NO

If yes, describe child's adjustment to school. _____

Does your child have the opportunity to be with other children? YES NO

What interests your child most? _____

Briefly describe your child's sleep habits including amount of sleep required. _____

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

Approximate amount of TV watched per week _____

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

How does your child respond to stressful situations? _____

Parent's method of discipline _____

Why did you choose Clemson Montessori School? _____

How did you hear about Clemson Montessori? _____

Comments _____
