

Child's Name _____ Current age in years and months _____

Please print clearly.

ENROLLMENT INFORMATION

Please answer all of the following questions. This information is kept confidential and is for the teachers' use only. Because we view each student as a unique individual, the questions are designed to give the teacher a better understanding of your child. Your candid and thorough responses to these questions are necessary to that end.

HEALTH HISTORY

- ♥ Describe your child's prenatal history and delivery: _____
_____ Birth weight _____
- ♥ Describe your child's allergies, if any: _____

- ♥ Has your child had ear infections? _____ How many? _____ At what age(s)? _____
- ♥ Has your child been hospitalized for an illness or accident? _____ If yes, please describe: _____

- ♥ Eating habits: _____ Sleep patterns: _____
 - _____ Eats everything _____ Sleeps well
 - _____ Picky eater _____ Has difficulty falling asleep
 - _____ Feeds himself/herself _____ Wakes up during the night
- ♥ Does your child nap? _____ If so, for how long? _____
- ♥ Does your child have any physical imitations? _____ If so, please describe: _____

- ♥ Is there anything else you would like us to know about your child's medical/health history? _____

SOCIALIZATION

- ♥ Is your child adopted? _____ We want to be sensitive to your child's understanding of his/her adoption and will need to discuss with you how we can best support your family.

Name of Siblings	Gender	Age	Birthdate

- ♥ Has your child had group experiences with other children (play groups, story time, etc.)? _____
Describe the experience including whether it was a positive or negative one and why: _____

- ♥ Has your child had previous school experience? _____ Describe the experience including whether it was a positive or negative one and why: _____

- ♥ How does your child react to separation from you? _____

- ♥ How does your child relate to other children? _____

- ♥ How does your child react when angry, frustrated or stressed? _____

- ♥ Does your child have any fears? _____ What are they? _____

- ♥ Has your child had any traumatic experiences? _____ Please describe: _____

- ♥ How is your child affected by transition (going from one activity or place to another)?
 _____ Transitions easily
 _____ Sometimes has difficulty depending upon the situation
 _____ Needs to be prepared and reassured ahead of time
- ♥ Does anyone else assist you in caring for your child? _____ If so, who? _____
- ♥ Parent's marital status: _____ single _____ married _____ separated _____ divorced
- ♥ Does either parent travel for business and is consistently away from home? _____

- ♥ Describe your child's personality and temperament: _____

- ♥ How do you discipline your child? _____

- ♥ How much TV does your child watch each day? _____
- ♥ What type of other screen time does your child have and how much time is spent with these devices? _____

DEVELOPMENTAL

- ♥ Is your child toilet trained? _____ If so, at what age was your child fully toilet trained? _____
- ♥ At what age did your child begin to crawl? _____ When did your child begin to walk? _____
- ♥ What are some of the things your child likes to do?: _____

- ♥ What are some of the things your child does not like to do? _____

- ♥ What do you feel are your child's areas of strength? _____

- ♥ What kind of activity do you feel your child finds most challenging? _____
- ♥ Describe your child's coordination: Large motor _____
Fine motor _____
- ♥ Is a language other than English spoken at home? _____ If so, what language? _____
- ♥ Is your child bi-lingual? _____ Is your child comfortable and fluent speaking English? _____

Expressive Language

- _____ Speaks in sentences and can be clearly understood most of the time
- _____ Uses words and is understandable most of the time
- _____ Language is age appropriate
- _____ Language is delayed

Receptive Language

- _____ Is able to engage in a back and forth conversation
- _____ Answers questions appropriately most of the time
- _____ Sometimes has difficulty responding to questions.

- ♥ Does your child understand directions?
 - _____ Understands and can follow directions most of the time
 - _____ Understands and sometimes follows directions
 - _____ Has difficulty following directions
- ♥ Does your child have sensitivities to certain foods (not allergies), smells, clothing, or sounds? _____
- ♥ Does your child have any special needs that would relate to his or her school adjustment? (i.e. special physical needs, hyperactivity, delayed social development) _____
- ♥ Do you or your pediatrician suspect any developmental delays? _____
- ♥ Has your child had any therapeutic interventions? _____ Is he/she currently working with a therapist? _____
For how long? _____ With whom? _____
Please explain reason and type of therapy: _____

Evaluations can be enormously helpful to us. Please attach a copy to this application.

- ♥ Tell us something about your child that you would like us to know. _____
- ♥ How did you find out about our school? _____ Internet _____ Newspaper (Which?) _____
_____ Magazine (Which?) _____ Other (Specify) _____
_____ A New World Montessori School family (Who?) _____

Form completed by: (print name) _____

Signature: _____ Date _____