

Hudson Country Montessori School
44A Shelter Rock Road, Danbury CT 06810
Phone: (203) 744-8088 / Fax: (203) 748-3403

Elementary School Intake Form

Child's Name _____ Date of Birth _____

Education

Name and address of other schools, if any, in the past five years:

Child's Information:

What extracurricular activities does your child enjoy?

What does your child enjoy doing in their free time?

What activities does your child not enjoy?

What adjectives would you use to describe your child?

Describe a day in your child's life that was particularly happy and tell why it was so important:

Signature of Parent

Date

Child's Name _____

Has your child recently experienced, or is your child about to experience a major change (other than school)? For example:

Birth of a sibling?	Yes	No
Death of someone close?	Yes	No
Move to a new home?	Yes	No
Separation or divorce?	Yes	No
New pet or loss of pet?	Yes	No

If yes, please explain _____

Personal Information

What is your child's primary language? _____

Second language? _____

Do you have any concerns about your child's language development? _____

Does your child eat breakfast? Yes No

Is he/she a good eater? Yes No

Favorite foods _____

Foods refused _____

What discipline methods are used at home?

_____ Talk to the child about what is unacceptable and what needs to be done.

_____ Say "NO"

_____ Spank

_____ "Time Out" for _____ time/minutes