

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

**Primary Intake Form**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**MEDICAL HISTORY**

Birth:

Was your child premature? Yes No  
Was the pregnancy normal? Yes No  
Were there any illnesses during pregnancy? Yes No  
If yes, please explain: \_\_\_\_\_  
Were there any complications at birth? Yes No  
If yes, please explain: \_\_\_\_\_

Since Birth:

Does your child seem well most of the time? Yes No  
Has your child had any eye trouble? Yes No  
If yes, please explain: \_\_\_\_\_  
Have your child's eyes ever looked crossed? Yes No  
Does your child have frequent ear infections? Yes No  
If so, how many? \_\_\_\_\_  
Does your child have ear tubes? Yes No  
Please explain any special precautions we need to take \_\_\_\_\_  
Does your child have any known handicaps? Yes No  
Please describe: \_\_\_\_\_  
Does your child have any particular fears? (i.e. fear of animals) \_\_\_\_\_  
Does your child have a favorite blanket, stuffed animal, etc.? Yes No  
Would you say your child is:  
Extrovert Yes No  
Introvert Yes No  
Slow to Warm? Yes No  
Does your child:  
Cry often? Yes No  
Have temper tantrums? Yes No  
Describe your child's personality \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

What are your words for toileting? \_\_\_\_\_

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