

History of Illness: _____

Allergies: _____

Handedness (if established) Right _____ Left _____

History of Thumb Sucking: _____ Security Blanket: _____

History of Hyperactivity: _____ Low Energy: _____

Is the child adopted? _____ Does the child know of his/her adoption? _____

Parents separated or divorced? _____ Either parent deceased? _____

Is the child cared for by anyone other than parents? Explain: _____

Was your Child Breastfed? _____ Until what age? _____

Did your child crawl before walking? _____ Child's age when first walked _____

Child's age when toilet trained? _____ Does your child take a nap? _____

What pets are in the home? _____

Child's favorite toys and activities: _____

Does your child watch T.V.? _____ Approx. number of hrs./day _____

Types of programs _____

Does your child choose own clothes to wear? Yes _____ No _____ Some _____

Does your child dress self? Yes _____ No _____ Sometimes _____

Parent's method of discipline _____

How did you hear or learn about Bluegrass Montessori School ? _____

Name the personality traits you feel best describe your child: _____
