2020/2021 Crestwood Country Day School
Personal Information Form
Confidential-To Be Used for Professional Purposes Only

Please Print

Last Name: _____ First Name: _____ Sex: _____

Address: _____City: _____Zip: _____

Phone Number: (___) _____Date of Birth: _____Email: _____

Color of Hair: _____ Color of Eyes: _____Height: _____Weight:_____

Parent 1:_____ Parent 2:_____

Siblings: # Brothers:____Ages:_____# of Sisters:____Ages:_____Pets:_____

Sleeping: Bedtime Hour:_____ Rising Time:_____ Naps: Y or N

Eating: 1. Appetite: _____

2. Food Preferences: _____

3. Food Dislikes: _____

Medical:

1. Comments concerning allergies: Please specify_____
2. **All medications currently being taken:**_____

Dressing:

1. Is child self-sufficient in dressing? Y or N
2. Does your child wear diapers? Y or N

SOCIAL DEVELOPMENT

Friends:

1. Preferences: (Boys, girls, both) _____Number: (Few, Many)_____
2. General Relationship with peers (Compatible, hostile, mature, immature) Please comment: _____

Adults:

1. General Relationship: _____2. Attitude toward teachers:_____

Have you had or do you have any concerns about your child's language: (Delayed speech, Articulation) _____

Behavior:

1. Is your child more comfortable in a small or large group setting?
   _____
2. What methods have you found most effective in motivating your child?
   _____

Activities Enjoyed:

1. With Peers: _____
2. With Adults: _____

Emotional Development:

1. Have there been or are there now any outstanding fears (i.e. Thunder, darkness) Please explain:_____
   _____
2. Have there been any traumatic experiences? (please explain)_____
   _____
3. Has there been evidence of stuttering, thumb sucking, nail biting, hair twisting or ticks? _____
   Have they become pronounced? _____ Have any corrective measures been taken? I.e.- Medicine/therapy_____
4. Reaction of child when away from parents for any length of time:
   _____

Date: _____ **Parent's Signature:** _____

Return to: Crestwood Country Day School 313 Round Swamp Road Melville, NY 11747