

2022/2023 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