

childrenstree.org

96 Essex Rd, Old Saybrook, CT

860.388.3536

All About Me

Child's Name:		DOB:	DOR:		
1) Identifying information:	Eye color:	Hair colo	r:	M/F	
Height:	Weight:	Identifyir	ng marks:		
2) Type of birth:		Any com	Any complications?		
3) Age began: Crawling:		Walking:	Talking:		
4) Any speech difficulties? If	so what?				
5) What is your child's prima	ry Language?	Secondary:			
6) Has your child experience	d a serious injury, i	llness, or hospitalization	? Please explain:		
7) What is your child's reaction	on to strangers?				
8) Does your child nap?	What time?	How los	ng?		
9) What is your child interest	ed in?				
10) Does your child have any	allergies?				
11) Does your child dislike a	ny particular foods?	·			
12) Is this your child's 1st gro	oup experience?				
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13) Does your child have any	particular fears?				
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14) Does your child have any	comfort items tha	t they will use at school?			
15) Does your child have any	special needs that	we should be aware of?			
16) Is there anything that yo	u feel we should kn	low in order to help you	child transition to	school?	

The Children's Tree Montessori School is a Non-profit 501 (c) 3. We welcome and consider all applications without regard to race, religion, ethnic or national background.