



**New Family Intake Form**

Date & Time of Visit: \_\_\_\_\_

Classroom visited: \_\_\_\_\_

Names of Teachers and Staff Family met with: \_\_\_\_\_

2021-2022 school year schedule & times (being during summer or September?):  
\_\_\_\_\_.

**Please bring a copy of your child's most recent medical record and immunization history.**

**Also please do note that NYC Dept. of Health requires enrolled children in our program to be vaccinated against influenza by December 31<sup>st</sup>, 2021.**

*Parents are encouraged to answer as candidly as possible, offering school as much background information as possible and opportunity to get to know child and family prior to start date. Goal is to support child's (and family's) transition to MDS and to familiarize teachers with child's experiences, interests, strengths and needs prior to first day of school. Initial meeting will also assist with class placement.*

**a) Family Information:**

1) Child's Full Name and/or Nickname:

\_\_\_\_\_

2) Sibling(s)' Name(s) and Age(s): \_\_\_\_\_

3) Family Dynamic (Members of Family who do or do not live at primary residence) and How does your child get along with family members?

\_\_\_\_\_  
\_\_\_\_\_

4) What is (are) the primary language(s) spoken at home? \_\_\_\_\_

5) Other primary caregivers: \_\_\_\_\_

6) Who will drop-off and pick-up child? \_\_\_\_\_

7) Is anyone specifically prohibited from contacting your child? Please explain.

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**b) School History & Social/Emotional Background:**

1) Describe previous childcare experience (Program(s) attended or no previous experience/play dates, child's experience making friends and his/her main interests):

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2) Describe experience with separation (was it easy/difficult) :

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3) How does your child react to new adults (other than family). Please provide an example:

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4) Does your child have any particular fear/anxiety?

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5) How is your child soothed or calmed?

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**c) Health/Special Needs:**

1) Pregnancy: term    premie      2) Difficulties at birth? \_\_\_\_\_

3) Child ever hospitalized? \_\_\_\_\_ 4) Medications on regular basis: \_\_\_\_\_

5) Allergies or health problems: \_\_\_\_\_

6) Dietary restrictions or food allergies (kosher, vegan, parent preferences):

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7) Child recommended and/or evaluated for special services such as SEIT, OT, PT, and/or SLP? Please explain. Please attach any necessary documentation.

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**d) Personal Habits:**

1) Where does s/he sleep (own room, w/parents, w/sib.)?  
\_\_\_\_\_

2) What time to bed? \_\_\_\_\_

3) What time does s/he awaken? \_\_\_\_\_

4) Comfort items/routines (blanket, pacifier, bottle, stuffed animal, music, etc.)?  
\_\_\_\_\_

5) What are your child's eating habits? Is s/he a good or a picky eater? \_\_\_\_\_

**e) Toileting (circle one for each)**

1) When did toilet training begin? How has it been? How long, how cooperative or resistant, etc?  
\_\_\_\_\_  
\_\_\_\_\_

2) Awake                      Underwear                      Pull-up                      Diaper

3) Asleep                      Underwear                      Pull-up                      Diaper

**f) Play Habits:** (What can parents share as well as teacher(s) who meet child?) Parents might speak about the kind of play that his/her child has initiated (at home or in playground, etc.) and shown an interest in, whether the child follows along and/or interacts with others during play, easily shares and when s/he might get aggressive. Teachers can comment on how the child responds to being in a MDS classroom, does s/he cling to parent(s), gravitate toward other children, show curiosity in activity or work, etc?

1) Parent's comments:

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**g) Motor Development:**

1) At what age (more or less) did child sit \_\_\_\_; crawl\_\_\_\_; stand\_\_\_\_; walk \_\_\_\_?

2) How agile is s/he with big activities, such as running, climbing, etc?

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3) How is the child with small activities such as putting shapes into holes, holding a spoon, etc?

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4) What does s/he enjoy doing with the family? By him/herself?

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**h) At Home:**

1) Does your child have any special responsibilities/jobs at home? (How do you encourage your child's independence?)

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2) How do you help your child develop his/her language and encourage his/her interests in reading and writing (for instance, do you regularly speak with your child, read to/with him/her on a daily basis, create shopping lists, read signs walking down the street, etc.)?

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3) What are your child's main strengths and something that might concern you?

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4) How does the child react to frustration, with tantrums? If so, how do you handle these?

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**i) Additional questions for parents:**

Why are you choosing Montessori education for your child?

What brought you to MDS?

What words would you use to describe your child (active, curious, affectionate, sociable, imaginative, withdrawn, etc.)? Why do these descriptions come to mind?

What are your expectations for your child upon enrollment at MDS?

Is there anything else you would like us to know about your child, i.e. particular events such as parent separation, illness or death, moves, birth of sibling(s), parent absence, etc?