



Maine Mountain Children's House

Toddler Admissions Information

Child's Name: _____

Does your child have previous school or day care experience? If so, when did they last attend? Please list the name/address: _____

What other social experience does your child have? (Play-groups, swimming, gym) _____

In what ways is your child comforted when they are upset? _____

Does your child use diapers or has your child started toilet training? (if diapers, please indicate whether you use cloth or disposable) _____

Is your child in the habit of taking a nap? When? _____

Is your child familiar with sitting at a table when eating? _____

Does your child put objects in their mouth when playing and exploring? _____

Does your child play outside on a regular basis? _____

Please list some of your child's interests: _____

Does your child have siblings? _____ If so, what are their names?

Name _____ Age _____

Name _____ Age _____

Do you have any concerns about your child's adjustment to the classroom? Please check all that apply and elaborate as needed:

- Toileting _____
- Separation from parents _____
- Ability to participate in group activities (i.e. circle time) _____
- Communication skills (ability to communicate needs) _____
- Social interaction with peers _____
- Sensory input _____

Is there anything else that you feel is important for the school to be aware of? _____

How did you hear about Maine Mountain Children's House (please specify)? _____