



Academy Child Development Center, Inc.
 10109 Darnestown Road
 Rockville, MD 20850
 (301) 424-6282

STUDENT INFORMATION FORM

Center: _____

Legal Name: _____
First Middle Last

D.O.B.: _____ M or F

Starting Date: _____ Class: _____

Withdrawal Date: _____

Address: _____

Home #: _____

City/Zip: _____

Email: _____

Mother/Guardian: _____

Cell #: _____

Employer: _____

Work #: _____

Father/Guardian: _____

Cell #: _____

Employer: _____

Work #: _____

Student Resides With: _____

MEDICAL HISTORY (pertinent information)

Were there any special circumstances surrounding the child's birth? _____ Describe:

Any problems with speech, hearing, or general health? _____ Describe:

Allergies documented? _____ Life threatening? _____

**** If yes, complete back of MSDE/OCC Emergency Form.**

Has your child ever been hospitalized? _____ Describe:

FAMILY HISTORY

Family nationality? _____

Does your child speak/understand English? _____

Language spoken at home: _____

Does your child take a nap? _____ Does your child sleep at night? _____

Bed time? _____ Awakening time? _____

Does your child have any particular fears? _____ Describe:

If the parents are divorced, does the child see the non-custodial parent regularly? _____
Describe.

Name all the people living within the home. Include the relationship and ages of the siblings.

How long has the child lived in this area? _____

Pets? _____

Does your child have any particular friend(s)? _____

Names: _____

Does your child watch television? _____

What type(s) of programs? _____

How many hours/day of TV, movies, computer & video games? _____

Outside of school/child care, does your child play actively with peers? _____

Approximately how many hours per week? _____

Does your child choose his/her own clothes to wear? _____ Dress self? _____ Toilet self? _____

EDUCATIONAL HISTORY

Is this your child's first school experience? _____

List other programs and attendance dates: _____

Name the personality traits you feel best describes your child.

What techniques best motivate your child?

What is the most effective discipline procedure used at home?

Are there any reasonable and appropriate accommodations in a group setting requested for your child? _____ If yes, indicate adaptations on MSDE/OCC "All About My Child" Form.

Do you have any specific concerns regarding your child? _____ Describe:

Additional Comments:

Parent/Guardian Signature: _____ Date: _____