

Maplewood School  
2166 Wantagh Avenue  
Wantagh, NY 11793

CONFIDENTIAL PROFILE

Please return this form to Maplewood prior to the start of the school year.  
It is extremely valuable to the professionals that teach your children.

Student's Name ..... Sex..... Date of Birth.....

Address..... Home Phone.....

Father's Cell Phone ..... Mother's Cell Phone .....

Father's Work Phone ..... Mother's Work Phone .....

Who lives at home? Mother..... Father..... Sister(s)..... Brother(s) ..... Other .....

Has your child been to school previously? ..... If so, where? .....

Personal Habits:

Sleeping:

Bedtime Hour: ..... Rising Time: .....

Eating:

Food Allergies: .....

Appetite: .....

Food Dislikes: .....

Food Preferences: .....

Social Development:

Friends:

In general how do you rate your child with his /her peers?.....

.....

Adults:

What is your child's attitude toward adults?.....

.....

Turn over 

Family:

Time each parent spends with child: .....

.....

Type of activities enjoyed? .....

.....

Who administers discipline? .....

.....

What form of discipline? .....

.....

Emotional Development:

Have there been or are there now any outstanding fears:.....

.....

Has there been stuttering, thumb sucking, nail biting, hair twisting?.....

.....

Have any corrective measures been taking?.....

.....

Experiences:

Previous group experiences: .....

.....

Reaction of child when away from parents for any length of time:.....

.....

Is there anything you would like us to know that would help us to get to know or understand your child better?

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Parent's Signature..... Date.....