

PERSONAL INFORMATION

Name of Child _____ Nickname _____
Last First Middle

Date of Birth _____ Sex _____ Home Phone _____

Address _____

Parent(s) Email Address _____

Mother/Guardian _____ Father/Guardian _____

Marital Status of Parents _____

Custody/Visiting Arrangements _____

Brothers and Sisters of Child:

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Are there any other members of the household? If so, list name, age and relationship _____

Is any language other than English used in the home? _____ Yes _____ No

If yes, please describe _____

Which language is spoken more often? _____

What culture defines your family? _____

Does your child have any special fears? _____ Yes _____ No

If yes, please explain _____

What are your child's favorite activities? _____

What are your child's favorite television shows? _____

Does your child play well alone? _____ Yes _____ No

Has your child had group play experience _____ Yes _____ No

Has your child gone to preschool, playgroup or childcare before? _____ Yes _____ No

Please describe previous experiences _____

Does your child play well in a group _____ Yes _____ No

Does your child accept correction easily? _____ Yes _____ No

Does your child have any allergies? _____ Yes _____ No

If yes, please explain _____

Please list any medication your child takes regularly? _____

Are there certain foods or drinks that you prefer for your child not to have? _____ Yes _____ No

If yes, please list _____

Does your child have any vision or hearing problems? _____ Yes _____ No

If yes, please explain _____

Does your child have any health problems of which we should be aware? _____ Yes _____ No

If yes, please explain _____

Does your child often experience any of the following?

Colds _____ Yes _____ No

Earaches _____ Yes _____ No

Sore throats _____ Yes _____ No

Nosebleeds _____ Yes _____ No

Stomachaches _____ Yes _____ No

Has your child had any serious accidents or operations? ____ Yes ____ No

If yes, please explain _____

Do you have any specific concerns about any aspect of your child's development? ____ Yes ____ No

If yes, please explain _____

Do you feel that your child speaks clearly? _____ Yes ____ No

If no, is your child in a speech program? ____ Yes ____ No

If yes, where does your child receive speech therapy? _____

What is your child's sleeping habits? _____

What time do you anticipate your child will eat breakfast on a school day? _____

What kinds of things do you do as a family? _____

Please share some of your child's:

Strengths _____

Weaknesses _____

What is the most important thing the teacher needs to know about your child? _____

What do you hope will be included in your child's preschool program? _____

OPTIONAL QUESTIONS

How do you define your child's race? _____

What religion do you practice? _____

If there is any information concerning your child that is not covered in the above questions, please write that information on the back of this page.