

Family History

Child's Name: _____
(last) (first) (middle)

Date of Birth _____ Age: _____ Years _____ Months _____ Gender: _____

Address: _____
(street) (city) (zip)

Home Phone: _____

Father's Name: _____ Cell: _____

Occupation: _____ Email: _____

Mother's Name: _____ Cell: _____

Occupation: _____ Email: _____

List names and ages of sibling in the family:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Is your child adopted: _____ At what age? _____

PERSONAL BACKGROUND

PLAY: What does your child especially like to play? _____

Do they play well with others? _____

Do they play well with themselves? _____

EATING: Do they have a good appetite? _____

Do they have any allergies? _____

Do they take any medication? _____

TOILETING How does your child let you know when they need to use the toilet?

Do they need to be reminded? _____

What do they say when they have to urinate? _____

What do they say when they have to have a bowel movement? _____

SLEEPING What time does your child go to bed? _____

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SPEECH Do they speak plainly so others, besides those at home, can understand them? _____

SOCIAL/
EMOTIONAL Does your child suck their thumb, bite nails, have temper tantrums, and/or other habits? _____

SELF HELP Does your child dress themselves? _____

MISC. How do you discipline your child? _____

Do you have a profession, hobby or talent that you would be willing to share with the preschool? If so, please list: _____

Would your place of employment be a resource for a guest speaker or supplies (paper, colorful scraps...your trash could be our treasure)? If so, please list: _____

Is there anything else you would like to share with us to know and understand your child better? _____

What would you particularly like us to help you with concerning your child? _____

Community Preschool is NOT religious base, however, we do engage in learning and celebrate all major holidays. To include all cultures and holidays, please share what you celebrate. _____

