

Child Information Sheet

To help us better understand your child and meet his/her needs, we ask that you to complete this form. Please provide any additional information that you feel might be helpful in caring for your child.

Please fill out **front and back** of form!

Child's Name _____

Child's Birth date _____

Parents' Names _____

Occupations _____

Marital status of parents: Married _____ Separated _____ Divorced _____

If divorced, please describe custody and visitation agreement for the child if relevant to the preschool.

Names and ages of siblings: _____

Does your child share a room? _____ Are there other relatives living in the home?

Grandparents' Names _____

What does your child call them? _____

Does your child have a pet? Kind _____ Name _____

Kind _____ Name _____

Does your child have any allergies? _____ Yes _____ No

If yes, please describe _____

Does your child have any physical, mental, emotional or behavioral disabilities?

If yes, please describe _____

Can your child participate in normal school activities? _____ Yes _____ No

Is your child taking any regular medication?

If yes, please describe _____

Is your child adopted? _____ If yes, does he/she know? _____

Toilet Habits

Toilet training started? _____ completed? _____

Additional Toilet Habit Information: _____

Sleeping Habits

Naps _____ How long _____ Bedtime _____

Any problems connected with sleeping? _____

Other Info.

Does your child have any special fears? _____

How are fears expressed? _____

Playing Habits

Plays with others? _____

Favorite Toys _____

Favorite Interests _____

Discipline

Usual method of discipline _____

Reward for good behavior? _____

Any special problems/concerns? _____

Previous Group Experience

Sunday School _____ Day Care _____ Where _____

Preschool _____ Where _____ Other _____

Has the child had any of the following experiences during the past six months?

Birth of Another Child _____ Moving _____

Serious Illness _____ Death in Family _____ Other _____

Special talents of Parents? _____

Would you be willing to share these talents with your child's class? _____