

Preschooler Information Form

Child's Full Name _____

Date of Birth _____

Preferred name or nickname you would like us to use _____

What name would you like us to teach your child how to write? _____

My parent's names are _____

Other family members or important people in my life are _____

What is your child's home language? _____

Does your child need assistance in the bathroom? yes no sometimes

Please explain: _____

How does your child communicate the need to use the restroom? _____

Does your child usually nap during the day? yes no If so, for how long? _____

Does your child have accidents at nap time? yes no sometimes

Does your child have a favorite blanket, security or comfort items? _____

Do you have any concerns about your child's development? _____

What are your child's favorite foods? _____

Does your child have any known allergies? _____

Occasionally we give out treats at school. Is it permissible for your child to have them? yes no

Culture is very important to a developing identity. What holidays, religion or cultures are important to your family? _____

Any foods you do not wish your child to have due to religious preference? _____

Are you aware of anything that frightens your child? _____

Does s/he get along well with other children? yes no sometimes

By nature is your child friendly aggressive shy withdrawn very active ?

What would you like your child to learn in our program? _____

What is one more thing that you would like us to know about your child? _____