Information sheet

Name of Child:_____ Date of Birth:_____

Please fill out this form completely so we will have an accurate picture of your child as she or he enters our preschool environment.

Social/Emotional Activity

Has your child had any previous school experience or out of home care? ☐ Yes ☐ No

Length of attendance/care? _____

Were there any adjustments/separation issues: ☐ Yes ☐ No

If so, please explain: _____

What are your child's favorite activities?

- ☐ Movement Games
- ☐ Painting
- ☐ Stories/Reading
- ☐ Blocks
- ☐ Science Pets
- ☐ Music/Singing
- ☐ Outside Play
- ☐ Puzzles
- ☐ Dramatic Play
- ☐ Other:

What activities/games does s/he like to do at home?

_____

_____

Describe how your child does with a group of children:

_____

_____

What are your child's favorite activities?

- ☐ Shy/slow to warm up
- ☐ Competitive
- ☐ Aggressive
- ☐ Sensitive
- ☐ Submissive
- ☐ Easily frustrated
- ☐ Happy/easy-going
- ☐ Cooperative
- ☐ High energy
- ☐ Other: _____

Does your child exhibit specific fears (to strangers, animals, etc.)? ☐ Yes ☐ No

If yes, please describe:

_____

_____

Describe your child's speech:

☐ Rapid ☐ Talks constantly ☐ Easily understood

☐ Moderate ☐ Soft spoken ☐ Talking only during play

☐ Slow ☐ Seldom speaks ☐ Uses few words

☐ Other_____

Sleeping Routine

Does your child take a nap? ☐ Yes ☐ No If yes, what time?_____

How does your child like to fall asleep (rocking, back rub, etc.)?

_____

_____

Toileting

Please describe your child's toileting skills and patterns of frequency. Does she or he need reminders, help with clothing, etc.?

_____

_____

Do you or your child use any special words for toileting? ☐ Yes ☐ No

If yes, please list?_____

Medical Issues

Are there any items/foods your child is allergic to or cannot eat due to parental preference or religious customs? ☐ Yes ☐ No

If so, please list:

_____

_____

Please describe any medical/health issues that we need to be aware of:

_____

_____

Family Structure

How many children are in your family?_____

Do any members of your extended family live with you? Please name them: _____

_____

Family Culture

What languages are spoken in your home? With your extended family? _____

_____

Do you have family traditions, special foods, or other things that you might want to share with us so that we can get to know you better? ☐ Yes ☐ No

Are you willing to share this with other people who are part of your program? ☐ Yes ☐ No

If you do have family traditions, etc., please tell us a bit about those things and what they mean to you and your child?_____

_____

Are there things that we could be sure to do that would help you and your family to feel more supported by our staff and program? _____

_____

Goals and Comments

Please describe your goals/wants for your child while in our care:

_____

_____

Please use the following space to comment on other information we should have to keep your child healthy, happy and contented while in our care. Thank you for your cooperation.

_____

_____