

Getting to Know Your Preschool Child

Our Family

Child's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Siblings and Other People Living in Our Home: _____

Language other than English spoken in our home (if any): _____

Has your child attended child care before? Yes No If yes, why did you leave? _____

Any other information you wish to share with us regarding your family: _____

Health

1. Please list any allergies (food, detergents, medications, etc.): _____

2. Please list any health problems (physical, mental, or emotional): _____

3. Please list any serious accidents or surgeries: _____

4. Please list any medications your child is taking: _____

Sleeping

Does your child nap? If yes, for how long? _____

Are there any special instructions regarding your child's naps? _____

Development

What assistance does your child need using the bathroom? _____

What words does your child use regarding use of the bathroom? _____

How do you comfort your child? _____

What are your child's favorite toys and activities? _____

Does your child have unusual fear? _____

What do you want your child to gain from our program this year? _____

Please list 3 words to describe your child: _____

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