

Student Information

Student's Name: _____

What past experiences does your child have with other groups of children?

What are your child's favorite toys or activities?

What kind of pets do you have and what are their names?

What language is spoken at home?

What form of discipline is used at home? What calming method is used when your child is upset?

Does your child receive additional childcare in addition to the preschool? Where? How often?

Please comment on any specific dislikes or fears:

Please comment on eating habits, food allergies:

Please comment on child's behavior:

Student Information Continued

Student's Name: _____

Does your child have specific medical needs? If so, please explain.

Other children in family:

Name	Age	School (if applicable)

Are there step-parents, grandparents involved in the child's life? Who does the child live with?

Does your child have special needs? Are these needs physical, emotional, academic?

Have you had your child's hearing and/or vision checked? If so, when and what were the results? Do you have any concerns in this area?

Has your child ever received special services? (speech, motor, emotional, educational) Have these services been terminated or do they continue?

Type of Service	Service Dates	Services Provided by/Location

Student Information Continued

Student's Name: _____

What do YOU see as the strengths and weaknesses of your child?

What are your goals for your child for this year of preschool?

Are you willing to participate as a parent volunteer in the classroom? When are you available? Do you have a particular talent/interest that you would like to share?

How did you find out about our preschool?

Where is your regular church home?

Any additional information we should know to better understand your child?