

Child and Family Information Form 2018-2019

Please complete the following information:

Child's First Name	Child's Last Name	
Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		
City	State	Zip
Primary Phone		

Parent 1 Name	
Email Address	Occupation
Religious Affiliation	

Parent 2 Name	
Email Address	Occupation
Religious Affiliation	

Siblings		
Name	DOB	School
1.		
2.		
3.		

Grandparents		
Name	Address	Email
1.		
2.		

1. What is your special talent, skill or hobby you can share with the children?

2. Are there others living in the household? Yes No
 If yes, relationship to child:

3. Language(s) other than English spoken in home? Yes No
 If yes, which languages?

4. Does your child have any allergies? Yes No
 If yes, please list/describe any airborne allergies your child has:

Please also submit the Allergy Protocol form if needed.

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5. Is this your child's first preschool school experience? Yes No

If no, list schools and camps:

6. Is your child toilet trained? Yes No

7. Does your child need to be reminded to use the toilet? Yes No

8. Does your child have any special needs or learning issues that you are aware of? Yes No

If yes, has your child had any formal testing? Yes No

Please describe:

9. What are your child's interests?

10. Describe your child's strengths

11. What would you like your child to gain from their preschool experience?

12. Please write four or five lines that describe your child. For example, what makes your child smile, what is one quality that stands out about your child, what should we know that is special about your child. These descriptions may be used by the teachers in the classroom, so please write complete sentences.