

## PERSONAL INFORMATION SHEET PRESBYTERIAN PRESCHOOL

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Dad Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hrs. per week: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hrs. per week: \_\_\_\_\_

Siblings and their ages: \_\_\_\_\_

Other members of household (Name, Age, Relationship): \_\_\_\_\_

Regular caretakers of the child, besides family: \_\_\_\_\_

Is the child adopted? \_\_\_\_\_ Does s/he know this? \_\_\_\_\_

### **CULTURAL INFORMATION**

Nationality of Child: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Where has the child lived besides Stillwater? \_\_\_\_\_

At what age did the child move to Stillwater? \_\_\_\_\_

What languages are spoken in the home? \_\_\_\_\_

Are there any special dietary restrictions, cultural traditions, or celebrations which are observed by the family?

**HEALTH/PHYSICAL INFORMATION**

How is the child's overall health? \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_ Are there special toileting needs/concerns? \_\_\_\_\_

Are there any dietary restrictions or food allergies? \_\_\_\_\_

Any other known allergies? \_\_\_\_\_

How is the child's appetite? \_\_\_\_\_ Major food dislikes? \_\_\_\_\_

Has the child had any serious illnesses, convulsions, operations, or accidents since birth? \_\_\_\_\_

Does the child have any allergies or current medical conditions? \_\_\_\_\_

Has your child had a Vision Screening? \_\_\_\_\_ Hearing? \_\_\_\_\_ Dental? \_\_\_\_\_

Speech? \_\_\_\_\_ Note any unusual results? \_\_\_\_\_

Do you have any concerns about your child's physical development? \_\_\_\_\_

**SOCIAL/EMOTIONAL INFORMATION**

Describe the child's overall personality? \_\_\_\_\_

What are the child's favorite activities? \_\_\_\_\_

Has the child had other group play experiences? \_\_\_\_\_

List special friends/playmates: \_\_\_\_\_

Are there any special circumstances in the child's life that may be a factor in his/her present behavior (A recent move, new sibling, death, divorce, etc.)?

How does the child express anger? \_\_\_\_\_

React to frustration? \_\_\_\_\_

Comfort him/herself? \_\_\_\_\_

How is the child usually disciplined? \_\_\_\_\_

How does s/he react to discipline? \_\_\_\_\_

What are the child's fears? \_\_\_\_\_

Do you have any concerns about your child's social development? \_\_\_\_\_

How are you currently dealing with those concerns? \_\_\_\_\_

In what ways would you like to see your child develop during this next year in our program?

Please add any comments that you feel would help us in knowing your child better. This information is kept strictly confidential, and its only purpose is to assist us in making your child's preschool experience the best it can be. Thank you very much for your help!

Signature of Parent \_\_\_\_\_