

**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 _____