

PRESCHOOL STUDENT INFORMATION SHEET

Child's name: _____

Mother's name: _____ Father's name: _____

Sitter's name: (if applicable) _____ Phone: _____

Sitter's address: _____

List all children's allergies:

List all special medication:

List all restrictions/limitations:

Church membership: Timothy No Church Other (specify): _____

Pastors Name: _____

Has child been baptized? _____ If so, when? _____

How did you hear about our program? _____

Has child been in a Preschool/Childcare/Children's Day Out Program before? _____

If so, where? _____

Child has received or been evaluated for the following:

____speech ____hearing ____vision ____behavior ____physical

Please explain _____

Is there any family concerns we should be aware of, such as, a new baby, a death in the family, or a divorce? _____

Are there any sensitive issues we should be aware of? Is your child self-conscious about his/her appearance, is he/she shy, stutters, or afraid of something in particular?

Child Development Information
(CIRCLE or FILL IN THE BLANK)

Was child ____ full-term ____ premature? When did child first walk? _____

When did child first talk? _____
(Please list some of his/her first words)

Child shows a preference for ____ right ____ left hand?

Has child suffered any serious illness/or/accident? _____

Has your child had many ear infections? _____ Tubes in ears? _____

Are you aware of any sensory difficulties for your child? _____
(hearing ____ seeing ____ touching ____ others _____)

Can child eat without excessive encouragement? _____

What time does your child usually go to bed? _____

Self-help skills (check those that apply):

____ wash hands	____ zip
____ dry hands	____ button
____ toileting	____ snap
____ dress	____ tie shoes

How well would you say your child plays with others? _____

Is your child afraid of something specific? ____ What? _____

Describe your child's personality. _____

What would you like your child to learn at school this year? What are your expectations?
