



Preschool/Prekindergarten Information

CHILD'S NAME _____

DATE OF BIRTH _____

PARENT/GUARDIAN NAME(S) _____

CLASSROOM _____

DATE _____

FORMER CHILD CARE PROVIDER _____

FAMILY INFORMATION

CHILD'S PRIMARY LIVING INFORMATION:

BOTH PARENTS MOTHER ONLY FATHER ONLY GRANDPARENTS ONLY

OTHER (PLEASE EXPLAIN): _____

WHAT IS THE DOMINANT LANGUAGE SPOKEN IN YOUR HOUSEHOLD? _____

ARE THERE ANY ADDITIONAL LANGUAGES SPOKEN TO YOUR CHILD? _____

CHILD'S ETHNICITY (OPTIONAL): _____

ARE THERE ANY CULTURAL PRACTICES OR HOLIDAYS YOU WOULD LIKE US TO KNOW ABOUT? _____

HOW IS YOUR CHILD COMFORTED AT HOME? _____

HOW IS YOUR CHILD DISCIPLINED AT HOME? _____

WHAT MAKES YOUR CHILD ANGRY AND UPSET, AND HOW DO THEY EXHIBIT THEIR ANGER OR FRUSTRATION? _____

WHAT ACTIVITIES DO YOU ENJOY DOING TOGETHER? _____

WHAT ACTIVITIES DOES YOUR CHILD LIKE TO DO? _____

DOES YOUR CHILD HAVE ANY PRONOUNCED FEARS? _____

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD REGARDING:

THUMB SUCKING TOILET TRAINING NAIL BITING LANGUAGE DEVELOPMENT

EATING HABITS CLUMSINESS SOCIAL SKILLS ACTIVITY LEVEL

STUTTERING BAD DREAMS PASSIVITY SLEEP PATTERNS

EXCESSIVE CRYING DISCIPLINE DISOBEDIENCE TEMPER TANTRUMS

AGGRESSIVENESS IMMATURITY OTHER: _____

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Preschool/Prekindergarten Information

ARRIVAL INFORMATION

WHAT WILL HELP YOU AND YOUR CHILD SAY GOODBYE TO EACH OTHER AT DROP-OFF?

WHAT TIME WILL YOU TYPICALLY ARRIVE AT PLAYWORKS? _____

TOILET INFORMATION

IS YOUR CHILD FULLY TOILET-TRAINED? _____

IS YOUR CHILD BEGINNING TO USE THE TOILET? IF SO, ARE THERE ANY SPECIAL INSTRUCTIONS? _____

SLEEPING INFORMATION

HOW OFTEN DOES YOUR CHILD USUALLY NAP?

WHAT HELPS YOUR CHILD FALL ASLEEP? _____

EATING INFORMATION

WHAT ARE SOME OF YOUR CHILD'S FAVORITE FOODS? _____

WHAT FOODS DOES YOUR CHILD DISLIKE? _____

ARE THERE ANY FOODS THAT YOU HAVE NOT INTRODUCED YOUR CHILD TO YET?

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COMMUNICATION

WHAT IS THE BEST WAY TO COMMUNICATE WITH YOU?

IF THERE IS A CONCERN OR SITUATION WITH YOUR CHILD, HOW DO YOU WANT US TO COMMUNICATE WITH YOU?

AT THE END OF THE DAY PHONE CALL EMAIL FORMAL CONFERENCE

OTHER (PLEASE LIST): _____

IS IT EASY FOR YOUR CHILD TO COMMUNICATE HIS/HER WANTS AND NEEDS?

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S LANGUAGE DEVELOPMENT?

DEPARTURE INFORMATION

WHAT TIME WILL YOU TYPICALLY PICK UP YOUR CHILD? _____

DO YOU HAVE ANY INSTRUCTIONS FOR US BEFORE YOUR CHILD IS PICKED UP?

OTHER INFORMATION

WHAT ELSE CAN YOU TELL US ABOUT YOUR FAMILY OR CHILD THAT WOULD AID PLAYWORKS IN MEETING YOUR FAMILY'S NEEDS?

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