



Preschool Child and Family Information

Child's Name: _____

Date of Birth: ___/___/_____

Please try to complete all of the questions on this form. The more we know, the better we can care for your child.

What would you like us to call your child? _____

Household Information:

With whom does child reside?

Who else lives in the home (siblings, extended family, pets?)

Language spoken at home: _____

Please tell us about any cultural family customs, rituals, traditions, or personal preferences that will help us make you and your child's experience more meaningful:

Eating Habits:

Favorite foods: _____

Foods refused: _____

Are there any foods your child should not eat for any reason? Yes No If yes, explain:

Sleeping Habits:

Does your child have a regular bedtime routine? Yes No

What time does child go to bed at night? _____ time normally awakes? _____

Does child normally nap? Yes No If yes, how long? _____

What helps your child to fall asleep? _____

Toilet/Diapering Habits:

Is your child toilet trained? Yes No ___urination ___ bowel movement ___ both

Does your child have accidents? Yes No If yes, how often/when? _____

Does your child need any assistance with wiping? Yes No If yes, explain: _____

Social Relationships:

Has your child had previous childcare experience? Yes No

With other children, is your child normally? ___friendly ___aggressive ___shy ___withdrawn

Prefers to play: ___alone ___in small groups ___with adult

Are there any specific activities and interests your child particularly likes (i.e.: reading, dancing, sports)? _____

Is your child frightened by? ___animals ___loud noises ___dark ___storms ___strangers

___other (please list) _____

Do you have any concerns about your child's social development or skills? Yes No

If yes, explain:

Partnering with Families:

Is there anything else you can share that will help us know and care for your child?

What goals, and/or, concerns do you have for your child? _____

Please describe your child's learning style or approach to learning:

What do you, as a family, hope to get out of your preschool experience?

Do you have any interests or talents you or others in your child's life can share with our class?

Please list: _____

Parent/Guardian signature _____

Date: _____

~Thank you for taking the time to help us learn more about your child.