



Your child's name/nick name? _____

Is this your child's first time in care outside of your home? _____

Name of previous school: _____

Please list your child's areas of interest _____

Describe your child's skills or talents _____

Does your child have any fears or anxieties? _____

Please describe your child in 3 words: _____

Please describe a typical day with your child (include outdoor playtime and indoor playtime with toys, "electronics" i.e. computer, TV videogames, etc.). _____

Who lives at home with your child, including pets, (*include sibling ages/school name and place of work for adults*)?

Does your child have more than one primary home? Please explain _____

How do you redirect your child when doing something not allowed or hazardous?

Do you consider yourself "firm" or "flexible" in your child's discipline? _____

What do you do to make your child feel comfortable? _____

How do you handle your child's frustration/outbursts? _____

Does your child have any allergies, food or seasonal? _____

Does your child have any recurring medical issues/problems? _____

Do you have any concerns about your child's development? _____



Has your child ever received special services including language, speech, etc.? _____

What do you hope your child will gain from preschool? _____

Any insight about your child or family that would be helpful for us to know? (illness, death, divorce, new baby, behavior, etc.)

*****Please attach a labeled family photo so we can put family faces and names together!*****