

## Student Background Information

Children's Full names: \_\_\_\_\_  
Names child is called: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age child will be on first day of school: \_\_\_\_\_  
Primary address: \_\_\_\_\_  
City: \_\_\_\_\_ zip: \_\_\_\_\_  
Home phone :(\_\_\_\_) \_\_\_\_\_  
Date: \_\_\_\_\_

### Family information:

Mother's name: \_\_\_\_\_  
Mother's home phone :(\_\_\_\_) \_\_\_\_\_ Mother's cell phone: (\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Mother's e-mail address: \_\_\_\_\_

Father's name: \_\_\_\_\_  
Father's home phone: (\_\_\_\_) \_\_\_\_\_ Father's cell phone: (\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone :(\_\_\_\_) \_\_\_\_\_  
Father's e-mail address: \_\_\_\_\_

Are both parents in the home? \_\_\_\_\_ If not, which parent is primary caregiver? \_\_\_\_\_

Circle: Mother Father  
Address (if different from above): \_\_\_\_\_

Siblings and ages: \_\_\_\_\_  
Are there other family members living in the home? \_\_\_\_\_ If so, please list names, ages,  
and relationship to child: \_\_\_\_\_

Other Personal Information: \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Describe assistance needed: \_\_\_\_\_

Does your child nap? \_\_\_\_\_ How long? \_\_\_\_\_

Child's bed time: \_\_\_\_\_ Child's wake up time: \_\_\_\_\_

Does your child take any medication regularly? \_\_\_\_\_ Please list medications,  
dosages, and times: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any health problems (mental, physical, or emotional) of which we should be aware? \_\_\_\_\_

Please list any serious accidents or surgeries your child has had: \_\_\_\_\_

Please list any concerns you have about your child's development: \_\_\_\_\_

Does your child have any problems with vision, hearing, or speech? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Do you feel your child's speech is clear? \_\_\_\_\_

Do others understand your child when he or she speaks? \_\_\_\_\_

**Help us get to know your child**

Please list any pets your child has: \_\_\_\_\_

What are your child's favorite activities?

\_\_\_\_\_

What does your child enjoy doing with mom? \_\_\_\_\_

What does your child enjoy doing with dad? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

Are there any neighborhood playmates? \_\_\_\_\_ What ages? \_\_\_\_\_

What are your child's favorite TV shows? \_\_\_\_\_

What behavior control do you use with your child?

\_\_\_\_\_

Has your child been cared for by someone other than immediate family? If so, who and how often? \_\_\_\_\_

Has your child previously attended another preschool or child-care facility? \_\_\_\_\_

Please list three words that describe your child \_\_\_\_\_