

Weekday Preschool - General Information 2010-2011

Child's Full Name: _____ Birthdate: _____

Please circle: male/female left/right handed Telephone: _____

Child resides with: _____

Father's/Guardian's name: _____

Mother's/Guardian's name: _____

Child's address: _____

Name you prefer he/she be called (and learn to write): _____

Any medical concerns or physical limitations? _____

Has he/she been in the hospital? Why? _____

Is your child a fussy eater or have any eating problems? Please explain.

How does he/she spend the day? _____

What does your child do when frustrated? _____

What do you do when he/she is frustrated? _____

What are his/her fears? _____

What does he/she like to do? _____

What does he/she dislike doing? _____

List the names, ages and gender of other children/adults living in the family/household:

List pets – name and type:

Use the back to list any other information you feel we should know about.