

ALL ABOUT: _____

Child's First Name or Nickname:

Home Phone:

Work Phone:

Birthdate:

Siblings? How many? Names? Gender?

Please describe your child's current or past day care or school experience, if any:

Do you have and concerns about your child from past day care, school, or group experience?

Please comment on your child: likes and dislikes, special circumstances or experiences, fears, etc.:

What types of family activities do you enjoy together?

Please describe your child's strengths:

Please describe any aspect of your child's personality you'd like to see strengthened:

What types of foods does your child like to eat? Any allergies? Please explain:

What illnesses has your child had (particularly these: measles, mumps, diphtheria, rubella, shigella, hepatitis(type?), meningitis(type?), salmonella, chickenpox, giardia)?

Please describe how your child plays alone:

Please describe how your child plays with other children:

For preschool readiness, children need to be toilet trained and beginning to develop skills such as putting on shoes, pulling on pants, helping with coat, etc. Please list any struggles your child may be experiencing:

Anything else you would like to add?