

# CHILD INFORMATION

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

1. Does your child have any allergies, special health problems, or special diet needs?  
(Please describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. How does your child communicate?

Bathroom needs \_\_\_\_\_

Hunger \_\_\_\_\_

Other \_\_\_\_\_

3. How does your child comfort himself/herself? (Special toy, blanket, thumb sucking)

\_\_\_\_\_

4. What is your child's favorite activity? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe your child's personality? (Active, quiet, out-going, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. What is your child's previous experiences in groups? (Daycare, Sunday school, playgroups)

\_\_\_\_\_

7. How does your child react to new experiences/activities/people? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. What do you want your child to learn in preschool? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_