

Child Information Form

The information given on this form is to aid the teacher in better understanding your child. The information is kept confidential. If you are uncomfortable with any questions, please leave them blank.

Child's Legal Name _____ Is your child right or left handed? _____

What name does your child like to go by? _____

Phone number child would learn for personal safety: _____

Marital status of Parents ____ Married ____ Single ____ Separated ____ Widowed ____ Divorced

Name and ages of other's living in the home: _____

Has your child been enrolled in preschool before? _____

What language(s) are spoken in the home? _____

Describe your average meal time (eat together, eat on the go, etc) _____

Does your child take naps? How long? _____ Sleeps well at night? _____

What is your child's usual bedtime? _____ Wake-up time? _____

What type of discipline is used at home? _____

What kind of pets, if any, does your child have? _____

Please list some of your child's favorite activities at home: _____

Does your child have any fears, anxieties or special habits we should be aware of? _____

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

Is there anything else you would like to add that you think will help us understand your child better?

If there are any changes in your child's life during the school year, please let us know. A partnership between parents and teachers is essential to the betterment of your child's education.

Parent/Guardian Signature _____

Date _____