

Child's Name _____ Sex: M F Birthdate _____

Father's Full Name _____ Cell # _____

Occupation _____

Mother's Full Name _____ Cell # _____

Occupation _____

Step-Father (if applicable) _____ Cell # _____

Occupation _____

Step-Mother (if applicable) _____ Cell # _____

Occupation _____

List siblings and ages: _____

Languages spoken at home: _____

Describe living arrangements. _____

Describe any pets you have: _____

Who are the important people in your child's life, and do they live locally? _____

Does your child have any health problems that I should be aware of? Y N

Please Describe: _____

Child's Name: _____

Does your child have any allergies? Y N

Please Describe: _____

Please describe your child's early development (feeding, sleeping, social, milestones)

Please describe any significant medical or mental health concerns of family members:

Please describe any major family events that your child has experienced (birth of a sibling, moving, divorce, major illness, loss of a loved one, death of a pet, etc.):

Has your child had any previous daycare/preschool experiences? Y N

Please Describe: _____

Is your child toilet-trained? Working on it Y N

Please Describe: _____

Child's Name: _____

Does your child take a nap(s): Y N

Please Describe: _____

Does your child have any special fears? Y N

Please Describe: _____

When your child is upset, what helps to comfort him/her? _____

How would you describe your child's personality? _____

How do you discipline your child? _____

What foods does your child especially like? _____

What foods does your child dislike? _____

What are your child's favorite activities, books, songs, toys, games? _____

Does your child have a habit of "wandering off" or "running away" outside? Y N

Can your child sit and listen to a short book? Y N

Can your child follow simple directions? Y N

Child's Name: _____

Do you have any concerns about your child's development? Y N

Please describe: _____

Are there any special family situations I should know of and/or do you anticipate any adjustment problems? _____

Do you have any questions, comments, or concerns? _____

What are your goals for your child and your family this year at Advantage Preschool?

Please tell us where you first learned about Advantage Preschool (friend, internet, etc.)?
