



CHILD'S NAME _____

NICKNAME _____

CHILD'S RELIGION _____

DATE OF BIRTH _____

ADDRESS _____

MOTHER'S NAME _____

FATHER'S NAME _____

MOTHER'S PHONE _____

FATHER'S PHONE _____

MOTHER'S RELIGION _____

FATHER'S RELIGION _____

1. Does your child have any siblings? Yes No

Siblings' names and ages:

2. Does your child have neighborhood and/or extended family playmates? Yes No

Playmates' names:

3. Does your child have any pets? Yes No

Name and type of pets:

4. Has your child attended a preschool, story time or play group? Yes No

Name and place of program:

5. Child's term/expression for need to go to the bathroom: (ex: "I have to go potty.")

6. How frequently do you read to your child?

7. Does your child use any of these frequently at home?

PLAYDOUGH _____ SCISSORS _____ GLUE STICK _____ CRAYONS _____ MARKERS _____





8. My child is:

RIGHT-HANDED _____ LEFT-HANDED _____ AMBIDEXTROUS _____

9. What are your child's favorite things/games to play at home?

10. Do you pray with your child? YES No

11. Is English the primary language at home? YES No

12. Does your child speak in full and complete sentences? YES No

13. Does your child have difficulty walking up and down steps? YES No

14. Does your child have any fears of which we should know? YES No

15. Are there any speech/hearing/vision problems we should be aware of within your family?

16. Does your child have a handicap or special need? YES No

17. Are there any other physical limitations your child may have? YES No

18. Does your child have any behavior difficulties? YES No

19. Method of discipline used at home.

20. Are there any dietary restrictions/allergies we should be aware of?

21. Do you have an occupation/hobby/pastime that you would be willing to share with our children?

22. Do you have any additional information about your child that you think might be helpful to us?

Thank you for your help in preparing us to care for your child.

