

Little Treasures Preschool

Child & Family Information Form

Child's Legal Name (first, middle, last): _____
Child's Preferred First Name (if different,
name used/written at preschool): _____
Child's Date of Birth (month/day/year): _____
Gender: MALE FEMALE

Mother's Name: _____
E-mail Address: _____
Mailing Address: _____
Physical Address: _____
City & Zip: _____
Cell Phone: _____
Employer: _____

Father's Name: _____
E-mail Address (if different from mother): _____
Mailing Address (if different from mother): _____
Physical Address (if different from mother): _____
City & Zip (if different from mother): _____
Cell Phone: _____
Employer: _____

Please list any prior preschool/ headstart/
daycare your child has attended: _____

My child will need CHILD CARE on:

Mon - Thurs from 11:45 to 4:15
Mon - Thurs from 11:45 to 5:30

STRENGTHS & INTERESTS:

What are your child's strengths? Interests? _____

HEALTH & DEVELOPMENT:

Briefly describe your child's health history. Do you have any health concerns? _____

Do you have any concerns with your child's development? Consider early birth or birth trauma, speech and physical development, emotional development. _____

Are you aware of a family history of any academic / learning problems? YES _____ NO _____

Please explain: _____

Are you concerned about any of the following regarding your child's development?

- ____ Interaction with other children ____ Interaction with adults
- ____ Temper ____ Separation anxiety ____ Short attention span ____ Hyperactivity
- ____ Family members understanding what he/she says ____ Other people understanding what he/she says
- ____ Physical ability (balance, strength, coordination) ____ Ability to complete tasks independently
- ____ Unusual behaviors that I don't see in other children of the same age
- ____ Exposure to traumatic events (frightening events, death, divorce, violence, drug or alcohol abuse)
- ____ Other Please explain: : _____

FAMILY:

Child lives with: BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER _____

If "other," please explain: _____

Total number of people in child's family _____

Siblings names and ages: _____

Is there anything else you would like us to know about your child or your family? _____

SIGNATURE

DATE