

# Little Treasures Preschool

## Child & Family Information Form

**In order for us to fairly determine which students can or cannot be funded, it is very important that you identify any concerns you may have when completing application forms!**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

### STRENGTHS & INTERESTS:

What are your child's strengths? Interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HEALTH & DEVELOPMENT:

Was pregnancy with this child full-term? YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, how premature? \_\_\_\_\_

Birth weight \_\_\_\_\_ Birth-related trauma, if any \_\_\_\_\_

Briefly describe your child's health history or any health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Mother's Employer

Father's Employer

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Do any of the following apply to your family?

- Military deployment of family member       Significant health concerns or disabilities  
 Unemployment       Divorced or a blended family situation       Drug or alcohol abuse  
 Support from Social Services       Recent or frequent moves       Abusive relationships  
 Parent did not complete high school or obtain GED       Other (please explain)

Please explain (include births, deaths, and recent changes in employment, finances, relationships, etc.):

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

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

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE