

CHILD INFORMATION FORM 2023-2024

This is for you to share pertinent information about your child. This will help us to understand your child and provide the best possible program for him or her. Your child’s care during the day is a responsibility we share.

CHILD’S NAME _____ NICKNAME _____

ADDRESS _____

PHONE NUMBER _____ BIRTHDATE _____

FAMILY INFORMATION & OTHER CHILDREN IN THE HOME

	NAME	NICKNAME	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Has your child attended a previous preschool or playgroup before? _____

Where? _____ Dates Attended? _____

What language is spoken at home? _____

If there is any type of activity from which you wish your child be excluded from for religious or other beliefs?

HEALTH

What communicable diseases has your child had?

Measles (red of 3 day) _____ Mumps _____ Chicken Pox _____ Whooping Cough _____

Other _____

Any other serious illness of hospitalization? _____

Any physical disabilities? _____ Any known allergies? _____

How many colds in the past year? _____

Any special instructions if child becomes ill? _____

EATING

What are his/her favorite foods? _____

What foods are refused? _____

Any eating problems? _____

Does child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

What word is used for urination? _____ For bowel movements? _____

Does child have accidents? _____ How does he/she react to them? _____

Does he/she wet his bed at night? _____

SLEEPING

What time does child go to bed? _____ What time does child wake up in the morning? _____

Does child walk, talk, or cry out at night? _____

Does your child take naps at home? _____

SOCIAL RELATIONSHIPS

How does your child express his/her needs? _____

Has he/she had experience with other children? _____

What age children does your child prefer to play with? _____

Does he/she prefer to play alone or with a group? _____

Does he/she know any other children at our school? _____ Who? _____

Do you feel he/she will adjust easily to the school situation? _____

What make him/her mad or upset? _____

What do you find is the best way of handling him/her? _____

Who does most of the disciplining? _____

How is he/she disciplined? _____

Is he/she frightened by any of the following? Animals? _____ The dark? _____ Storms? _____

Rough children? _____ Loud noises? _____ Anything else? _____

Has he/she had experience with scissors? _____ Water Play? _____

COMMENTS

Any other information about your child or family that will help us better serve your family? _____

What do you hope your child will gain from attending Sunshine School? _____