

**CHILD INFORMATION FORM 2022-2023**

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? \_\_\_\_\_