



Child Information Questionnaire

Please attach your child's photo (headshot) to this packet.

Child's Full Name: _____ Age/Class: _____

Preferred Name: _____ Birth Date: _____

CHILD DATA

Class Experience

Has your child ever attended preschool or daycare before? NO YES

If so where: _____

Did your child attend Park Center Preschool the previous year? NO YES

If yes, who was the teacher? _____

Has your child attended classes on his/her own without mom/dad? NO YES

Has your child received or is currently receiving any outside services? (ex. therapy, speech, behaviors, sensory, emotional, occupational therapy) NO YES

Please explain: _____

Separation

Do you anticipate a separation problem or anxiety from your child? NO YES

Explain _____

What works best for your child when you do experience separation problems or anxiety?

Personality

How would describe your child's general personality?

- Nervous Anxious Active Shy Social Easily Frustrated Spirited
 Extroverted Introverted Energetic Rule-Follower Creative Cooperative

Other: _____

Does your child have any specific fears or special concerns/issues? NO YES

Child's Name: _____



Child Information Questionnaire

Please explain: _____

Interests/Play

What are your child's play habits? Passive Excited

What are your child's favorite toys at home? _____

What is your child drawn to? (blocks, trucks, dinosaurs, dress-up, etc) _____

Skills

Which hand does your child predominantly use? RIGHT LEFT

Can your child write his/her name? NO YES

Does your child know how to dress/undress him/herself? NO YES

Toileting

At what age did your child become completely toilet trained? _____

When your child needs to use the bathroom, what does he/she say, or what terms are used? _____

Can your child take care of their toileting needs without assistance (wiping)? NO YES

Nap Routine

Does your child nap? NO YES If yes, what times? _____

Sensory Integration

Are there concerns of which we should be aware NO YES Please be specific: _____

Behavioral

Are there any special behavioral concerns of which we should be aware? NO YES
Please be specific: _____

Are there any recent changes at home (divorce, new sibling, new bed/house, etc) or family-related traumatic event since birth? NO YES If yes, please explain: _____

Child's Name: _____



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Please list other basic words you feel are necessary to communicate with your child:

Family Data

Do mom and dad both speak English? NO YES

Does the nanny/babysitter/grandparents understand and speak English? NO YES

What language does your caregiver speak? _____

If parents are separated or divorced, does the absent parent have any contact with the child?

NO YES Comments: _____

Caregiver Info (if applicable): Full Name: _____ Cell Phone _____

Does your child have older or younger siblings? NO YES

What does Mom do for a living? _____ Dad? _____

Does your family celebrate any special holidays or ethnic practices in your home you would like us to know about? _____

What are you hoping your child will gain from the preschool experience?

Thank you for filling in this important information!

Teachers use this information to better understand and help your child.

Child's Name: _____

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