



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 da If so where:	aycare before? NO YES		
Did your child attend Park Center Preschool If yes, who was the teacher?			
Has your child attended classes on his/her o	wn without mom/dad? NO 🔲 YES 🔲		
Has your child received or is currently receiv sensory, emotional, occupational therapy) NC	ing any outside services? (<i>ex. therapy, speech, behaviors,</i>)		
Please explain:			
<u>Separation</u> Do you anticipate a separation problem or a	nxiety from your child? NO YES		
What works best for your child when you do	experience separation problems or anxiety?		
<u>Personality</u>			
How would describe your child's general per Nervous Anxious Active Shy Extroverted Introverted Energetic	-		
Other:			
Does your child have any specific fears or spe	ecial concerns/issues? NO YES		
	Revised 8/12/22		



Child's Name:_



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Please explain:
<u>Interests/Play</u>
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)
<u>Skills</u>
Can your child dress/undress him/herself? NO YES
Can your child take off and put on his/her own shoes? 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) <i>or</i> family-related traumatic event since birth? NO YES If yes, please explain:



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Behavioral Issues				
How does each parent handle behavi				
Is there a specific behavioral issue the dynamic with this child (ex. roughhous	at you are dealing with a	t home? (If there are si	iblings, what is the	
What is your accustomed mode of rea				
Medical Is your child allergic to anything? NO (If there is an Allergy, required forms medical) Please list all allergies:	nust be filled out and retu		·	
Are there any special medical concerr Please be specific.				
<u>Language/Communications</u>				
How does your child communicate verbally? Uses full words with actions Uses phrases uses full sentences				
What is the primary language spoken in your home? What languages can your child understand or speak? On a scale of 1 – 5 (5 = being well-understood) please rate your child's English				
What language does your child use m	ost often in communica	ting?		
Please list words in your child's langu bathroom:	age to help the teacher: eat:	go home:	hurt:	
pee/poo:	mom:	dad:	coat:	
Please list other basic words you feel are necessary to communicate with your child:				





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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?	e any contact with the child?
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 practic know about?	
What are you hoping your child will gain from the preschool exp	erience?
Thank you for filling in this important information!	ahild
Teachers use this information to better understand and help your	CTIIIa.

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