



PROFILE

Child's Name: _____

Nickname or Parent Preference: _____

Home Address: _____

City, Zip: _____ Home Phone: _____

FAMILY BACKGROUND

* Mother or Guardian: _____

Age: _____ Education: _____ Occupation: _____

Employed by: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

* Father or Guardian: _____

Age: _____ Education: _____ Occupation: _____

Employed by: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

* List in order of birth, from oldest to youngest, the names and birthdates of all brothers and sisters. Place a check mark by the names of the siblings who do not live with the family.

| Name of sibling | Birthdate |
|-----------------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

* Is either parent away for long periods of time? _____ If so, how long? _____

* Are there adults other than the parents who live in the home? _____ If so, list the names and relationship to the family.

Name

Relationship to Family

* Has your child attended other preschools? If so, list the name of the school, hours per day, number of days per week.

Name of Preschool

Hours per day / Days per week

* Does your child have regular responsibilities at home? Briefly describe each responsibility.

PERSONAL BACKGROUND

* Are there any special considerations which our school should be aware of? _____

* Is your child on a regular medication? Why? _____

* Does your child have any unusual, severe, or recurrent fears? _____

* Does your child have any strong likes and dislikes for specific kinds of food? _____

* Is there any information which would aid the child's teacher in understanding how she/he thinks and behaves? _____
