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 □
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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 □

**Toilet**

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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Behavioral Issues

How does each parent handle behavioral issues? __________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Is there a specific behavioral issue that you are dealing with at home? (If there are siblings, what is the
dynamic with this child (ex. roughhousing, teasing, baby in family, etc.) ______________________
_____________________________________________________________________________________
_________________________________________________________________________________

What is your accustomed mode of reassuring your child?____________________________________
___________________________________________________________________________________

Medical

Is your child allergic to anything? NO □ YES □
(If there is an Allergy, required forms must be filled out and returned before the start of classes.)

Please list all allergies: ________________________________________________________________
___________________________________________________________________________________

Are there any special medical concerns of which we should be aware? NO □ YES □
Please be specific.____________________________________________________________________
___________________________________________________________________________________

Language/Communications

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 most often in communicating? ____________________________

Please list words in your child’s language to help the teacher:
bathroom: eat: go home: hurt:
pee/poo: mom: dad: coat:

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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.