

Additional Student and Family Information

All information given will be considered strictly confidential.

Child's Name _____

Family Information

Status of Parents:

Married Separated Divorced Single Parent

Child lives with:

Both Parents Mother Father Step-Parent Other

Parent's specials interests or talents: _____

If your child resides with a step-parent, please provide the following information:

Step-Parent's Name: _____

Occupation: _____ Work phone: _____

cell: _____

If child care (part or full time) is a routine portion of your child's day, please provide information about your child care provider:

Name: _____ Phone: _____

Relationship to child (grandparent, friend, etc.) _____

Student Medical/Physical Information

Does your child have allergies (food or other)? _____

Has your child experienced any serious illness, injury, or hospitalization?

If yes, please explain: _____

Has your child been identified as having special needs in any of the following categories?

Speech Vision Hearing

Orthopedic problems Emotional Behavioral

Other: _____

Does your child require any medication, prescription or non-prescription, on a regular basis? Yes No If yes, please explain _____

Describe your child's speech: rapid slow moderate clear
 talks constantly seldom speaks uses many words
 uses few words

Other characteristics: _____

Can your child attend to his/her toileting needs? Yes No

Dress self: Yes No Button: Yes No Zip: Yes No

What hand does your child prefer to use? (Circle) RIGHT or LEFT handed

SPECIAL INTEREST: singing painting stories trucks
 pets animals outside play crayons/markers play-dough

Summer Activities: _____

Other favorite activities _____

INTERACTION/Experiences with other children: Neighborhood Friends

Story Hour Sunday School Nursery Dance/Gym

Preschool Child care

Other: _____

Behavioral Characteristics

What method(s) of discipline have you found most effective with your child?

Is your child generally: cooperative shy competitive
 aggressive friendly sensitive submissive
 happy angry bossy assertive

Does your child exhibit specific fears? Separation anxiety Noises

Uniformed personnel Animals Insects

Other: _____

Any other additional information you would like us to know about your child:

