



Child's Name \_\_\_\_\_

Has your child been in childcare before? \_\_\_\_\_

Is your child toilet-trained? \_\_\_\_\_ Is he/she willing to separate from you? \_\_\_\_\_

Does your child nap? \_\_\_\_\_

What is the main language spoken in your home? \_\_\_\_\_

Characteristic behaviors (please circle all that apply) happy/cheerful, easily angered, negative, stubborn, calm, cries often/easily, fearful, shy, independent, friendly, talkative, energetic, loving, curious, other: \_\_\_\_\_

When corrected, how does your child usually react?  
\_\_\_\_\_

Does your child play best with other children or alone? \_\_\_\_\_

What are your child's interests?  
\_\_\_\_\_

If siblings, does your child interact well with them? \_\_\_\_\_

Does your child have any special needs of which the school needs to be aware that require special accommodations?  
\_\_\_\_\_

**Additional Information**

What would you like your child to gain from this preschool experience?  
\_\_\_\_\_

What would you like your child's teachers to know about your child?  
\_\_\_\_\_

Please write any additional information and any questions you have at this time:  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_