

St. Edward Preschool Child Information Form

Child's Name: _____ Nickname: _____

Birthday: _____

Address: _____

Phone Numbers: _____

Email: _____

Mother's name: _____ Father's name: _____

Name and age of brother:

Name and age of sister:

Has your child previously attended a day care center? _____

Does your child use the restroom independently? _____

Does your child have any special fears? _____

Does your child dislike any particular food? _____

Is there any food your child cannot have due to medical or cultural reasons? ___ yes ___ no

If yes, please list them here _____

Does your child require any special care? _____

Does your child have any allergies? _____

Does your child have a history of physical impairment? _____

Visual _____ Speech _____ Hearing _____

Current prescribed medication _____

Doctor _____ Phone _____

Parent signature _____ **Date** _____

Recent events that may interfere with your child's normal behavior:

Some of your child's favorite things to do:

What upsets your child?

What motivates your child?

Describe your child's personality.

What do you expect your child to acquire through the Pre-K experience?