



Personal Information Form

Please introduce us to your child.

This information is for the confidential use of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand him/her.

General Information

Child's Name _____ Nickname _____

Birthday _____ Right or Left Handed _____

Mother's Name _____

Father's Name _____

Address _____ City _____ Zip _____

Telephone numbers _____

Names and ages of siblings _____

Primary Language spoken at home: _____

Medical Information

Present Medical or chronic conditions (asthma, epilepsy, etc.)

Allergies (food, insect, etc.)

Special Precautions and other information

Behavior Habits

Does your child follow a regular daily routine? (describe)

How does your child react to a change in routine?

What is your child like at mealtime: Does he/she eat much? _____ Fast or Slow _____

Times of day he/she usually eats _____

Does your child usually nap? _____ What time? _____ How long? _____

Does your child sleep with anything special? _____

Is your child potty trained? _____

Does your child have any special toileting needs?

Is your child usually: Active? Sedate? Quiet? Aggressive?

Please use other words to describe. _____

Is your child afraid of anything? _____

If so, how are your dealing with it? _____

Home and Play Experiences

What adults live in the home? _____

Does anyone visit the home frequently or for long periods? _____

Does he/she have any pets? (give names) _____

Does he/she have a good play experience in the neighborhood? _____

Does he/she enjoy playing alone? _____ Does he/she enjoy books? _____

What are his/her favorite play activities? _____

Has he/she attended this school or any other school for young children? _____

When and Where? _____

Parent Comments

Please tell us your hopes and dreams for your child and give us any information which you think teachers should be aware of, such as death, separation, illness or other personal crisis.