

Holy Cross Early Education Center

CHILD'S NAME:

Usually Called:

Date of Birth:

Was the birth normal? _____ If no, please explain: _____

Is your child adopted? _____ Does he/she know? _____

Family Pets (names and kind):

Family Interests and Hobbies:

Child's Favorite Toy or Play Activity:

Play Experiences: Neighbors _____ Relatives _____ Preschool _____ Day Care _____

Fears:

What forms of discipline do you use?

Who does the disciplining?

What problems, if any, about your child concerns you most?

What qualities in your child do you enjoy?

(over)

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What do you want your child to gain from preschool?

When did your child first sit alone? _____ Walk? _____

Use single words? _____ Speak in sentences? _____

What are your child's favorite foods?

Does he/she snack between meals?

Does he have food allergies? (Please list foods)

Does your child nap?

How many hours of sleep does he/she get?

Any sleeping problems?

Is your child completely toilet trained?

If no, please explain:

Who will be picking up your child from school?

Mother _____ Father _____ Other Relatives (Names) _____

Car Pool (Names) _____

Are there any physical impairments we should be aware of?

Are there any problems of behavior, growth or development which the teacher should be made aware?