



Preschool

ENROLLMENT SUMMARY

Date: _____

Dear Parent:

To insure your child's having a successful initial school experience, it is important that the teacher know something of your child's preschool background. For this reason, you are asked to respond to the following questions. Your cooperation is appreciated. All information will be kept confidential.

General Information:

Child's Full Name _____

Nickname _____ Date of Birth _____

Home Address _____

Home Telephone Number _____

Cell Phone Numbers: _____ Mom _____ Dad _____

Family Information:

Father's Name _____

Present Occupation _____ Business Telephone # _____

Does Father's business require him to be out of the city frequently? _____

Mother's Name _____

Present Occupation _____ Business Telephone# _____

Does Mother's business require her to be out of the city frequently? _____

Child lives with _____ Both parents _____ Mother _____ Father _____ Other _____

Describe Current Residence (house, apartment) _____

Siblings Name	Sex	Age	School/Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your family's primary language (i.e. English, Spanish, etc.)? _____

Has anyone else helped rear this child? _____

If you are separated or divorced, please describe the custody arrangement. _____

How many times has the child been away from his/her parents for more than one day at a time?

How did the child feel about you being away? _____

Are there any illnesses in your family that seriously affect your family or your child?

Has your child had any kind of traumatic experience of which the school needs to be aware of?

Does someone regularly read to your child? _____

When you read to your child, does she/he listen? _____ usually _____ sometimes _____ rarely

General Health:

What is the child's usual bedtime? _____

Does the child usually have an afternoon quiet time/nap? _____

If your child still takes a nap, what does he/she do to have a successful nap? Example –Anthony sleeps with a blanket with the blinds closed.

Please describe any unusual fears or nervous habits _____

Is your child toilet trained? _____

If not, is he/she working on toilet training? _____

What are your child's eating habits? Do they use a spoon, finger feed; take a bottle, sipper cup, etc.?

Does your child have any known allergies (food or other types)? _____ If yes, please explain: _____

Does your child have any food restrictions or special dietary needs? _____

Does your child have any medical problems, or conditions, such as an allergy or toileting concerns which might affect his/her participation in the program? _____

Social Development:

What makes your child happy? What is their favorite thing to do? _____

Do playmates visit your child and how often? _____

How old are the playmates? _____younger _____older _____same age

Describe your child's play when he/she plays alone? _____

How does your child usually spend a day at home during good weather? _____

How many hours are usually spent each day watching TV? _____

List several of your child's favorite playthings _____

What experiences has your child had with music? _____

Indicate schools/pre-schools he/she attended prior to this year

School	Year
_____	_____
_____	_____

How did your child feel about this experience? _____

Were there any problems with this experience? _____

Development of Personal Skills:

Does your child dress himself/herself? _____yes _____no

Has your child had experience with crayons? _____yes _____no

Has your child had experience with paints? _____yes _____no

Has your child had experience with scissors? _____yes _____no

Can your child throw a ball? _____yes _____no

Can your child catch a ball? _____yes _____no

Does your child ride a bicycle? _____yes _____no

Does your child put away toys by himself/herself _____yes _____no

Does your child seem to be _____right-handed? _____left-handed?

List any responsibilities your child has at home. _____

Parents' Impressions and Attitudes:

What means of discipline work best for your child? _____

What causes your child to become upset or angry? _____

What additional information do you feel would help your child's teacher? _____

What do you feel are the most important things the preschool year can do for your child? _____

What is your expectation for your child at Incarnation Preschool? _____

Would you be available to help with your child's preschool program?

In the classroom? ___yes ___no
At home? ___ yes ___no

Parents, please list any special interests or hobbies that you could be shared with the class.

Additional information you would like to share about your child.

