



There is a strong correlation between home life and school life. Please share important information. Please be assured this information is **CONFIDENTIAL**.

Name of Child _____ Date of Birth _____ M ___ F ___

FAMILY HISTORY

Parent's name _____ Current occupation _____

Parent's name _____ Current occupation _____

Marital Status _____

Is another language spoken by family? _____

Is your child adopted? _____ Age at adoption _____

List all children in family.

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

Does anyone else live with the family?

- 1. _____ 2. _____

HEALTH

Has your child had any health problems? _____

Allergies _____ Regular medications _____

Accidents? _____ Hospitalizations? _____

Gross motor problems? _____ Fine motor problems? _____

DEVELOPMENTAL HISTORY

Birth Weight _____ Any Complications? _____

Age child began sitting _____ Crawling _____ Walking _____ Talking _____

Any speech difficulties? _____

Has your child been in Early Intervention? No ___ Yes ___ Reason _____

Do you have any concerns? _____

Has your child had any losses or changes in the past three months? e.g. death in the family, loss of family pet, hospitalization of grandparents or family member, etc. _____

Is your child toilet trained? _____ If not, where are you in the process? _____

Can your child dress himself? _____ With what does child need help? _____

Does your child eat well? Breakfast? _____ Lunch? _____

Does your child sleep well? _____ Does your child take a nap? _____

Does your child have difficulty climbing stairs? _____ Jumping? _____ Hopping? _____

Has your child attended school before? Yes ___ No ___ Name of School _____



SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children. _____

Reaction to strangers: _____ Able to play alone? _____

Fears? _____

Nervous habits? (e.g. thumb sucking, nail biting etc. _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

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

What kind of activities do you do together as a family? _____

What is your child's reaction to starting school? _____

Why did you enroll your child in pre-school? _____

Is there anything else we should know about your child? _____

Do you have a special talent/interest you would like to share with the children _____

I heard about Sunshine Nursery School from: Advertisements _____ friend _____ Website _____

Parent/Guardian Signature: _____ Date: _____

Child's Class: _____