

Dear Family,

We would appreciate your answers to the following questions so that we may provide the best care possible for your family. While we feel that each question is valuable, please understand that you are not required to share any information you don't feel comfortable about. The information is confidential and will only be shared with your child's teacher and the program administration. Thank you for taking the time to share with us. We look forward to caring for your child and getting to know your family.



Lakeside Presbyterian Church Weekday Preschool

Lakeside Presbyterian Church Weekday Preschool

Child Information Form

**Child's Full Name** \_\_\_\_\_ Name goes by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex:  male  female

Address \_\_\_\_\_  
\_\_\_\_\_

Would you like your family to be included in the LPCWP Parent Directory

**Parent's Name** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone No: Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ (please print clearly)

**Parent's Name** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone No: Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ (please print clearly)

**Siblings**(name/age) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

To help us be more sensitive to your child's family situation, please check:

Child lives with:

\_\_\_\_\_ Both Parents \_\_\_\_\_ Grandparent(s)

\_\_\_\_\_ Single Mom/Dad

\_\_\_\_\_ Parent & Step Parent

Has your child been enrolled in a previous preschool/child care program  yes  no

If so, what program did they attend \_\_\_\_\_

What is your child's previous experience with care in a group setting?  
\_\_\_\_\_

Please tell us of any special needs/health concerns we need to be aware of \_\_\_\_\_

\_\_\_\_\_

Allergies and Treatments, if any: \_\_\_\_\_

Medications being given on a regular basis and why: \_\_\_\_\_

\_\_\_\_\_

Please tell us about any fears your child has \_\_\_\_\_

\_\_\_\_\_

Are there any particular behaviors your child has you have concerns about? \_\_\_\_\_

\_\_\_\_\_

When your child is upset or hurt, how does he/she like to be comforted \_\_\_\_\_

\_\_\_\_\_

How does your child settle conflicts with others \_\_\_\_\_

\_\_\_\_\_

Because we value your family and its uniqueness, we would appreciate your sharing the following information with us, as you are comfortable.

What languages are spoken in your home? What does your child speak or understand?

\_\_\_\_\_

What is your family's ethnic/cultural background? Are there any family traditions, customs, stories, foods, songs....you would enjoy sharing with your child's class?

\_\_\_\_\_

What beliefs/values do you feel are most important when raising your child? (ie: nutrition, diet, TV viewing, super heroes, religious beliefs, respect for authority)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Below you will find questions specific to the class you child is enrolled in. Please answer to the best of your ability. Thanks!**

# Pre-K Questionnaire

These are age appropriate skills the Pre-K students will be mastering during the Pre-k school year. Please answer the questions below to help us to better teach your child.

## Can your child...

Use the bathroom unassisted	Yes	No
Dress themselves(including shoes)	Yes	No
Put on their jacket	Yes	No
Zip and/or Button	Yes	No
Eat unassisted(open bags, drinks etc.)	Yes	No

## Does your child ....

Take a nap or have "rest time" ? (please circle one, if neither please leave blank)

If so what time does that generally take place\_\_\_\_\_

Easily makes friends Yes No

Prefer to play alone or with friends \_\_\_\_\_

---

## My child can.....

Write their name correctly	Yes	No
Recognize numbers 1-10	Yes	No
Recognize shapes	Yes	No
Recognize colors	Yes	No
Use scissors without assistance	Yes	No
Recognize uppercase letters	Yes	No
Recognize lowercase letters	Yes	No
Use glue without assistance	Yes	No
Hold a crayon/pencil appropriately	Yes	No