

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

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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!**



2. What do you do/say when your child:

Hits you?

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Hits another child?

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Bites?

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Takes a toy without asking (from another child, from you, from another adult)?

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3. What are your expectations for your child to follow directions? (Do they answer when they are called? Can they follow one or two step directions? Etc.

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4. What happens at home when your child does not listen to you?

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5. What happens at home if your child doesn't listen at school? Or if they are hitting/biting etc?

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