

Adventures In Learning Preschool



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Child Information Form

Child's Name: _____ Child's date of birth: _____

Brothers & Sisters		
Name	DOB	School

Are there others living in the household? Yes No

If yes, relationship to child: _____

Please select your child's ethnicity (check as many as apply):

Asian Black/African American Hispanic/Latino Native American Pacific Islander
 White/Caucasian

Is English your home language? Yes No

If no, please answer the following questions:

What is your home language?

What language do family members use when speaking to the child in the home?

Only English Mostly English Both equally
 Mostly home language, but some English Only home language (not English)

What language does the child use when speaking to family members in the home?

Only English Mostly English Both equally
 Mostly home language, but some English Only home language (not English)

Please share a little about how your family celebrates holidays, or if there are any special traditions you have.

Was your child born premature? Yes No
If yes, how many weeks early were they?

Were there any complications surrounding your child's birth? Yes No
If yes, please describe:

Has your child met all of their milestones (crawling, walking, talking, etc.) on time? Yes No
If no, please describe:

Does your child have any allergies? Yes No
If yes, please describe and list any allergies your child has (use another piece of paper if necessary):

Is this your child's first experience in a structured program? Yes No
If not, list other program your child has participated in:

Is your child toilet trained? Yes No

Is your child able to wipe their own bottom yet? Yes No

Does your child need to be reminded to use the toilet? Yes No

Have you, or anybody close to the child, noticed any delays in development, or the possibility of there being special needs or learning issues? Yes No

If yes, please describe:

Has your child had any formal developmental testing? Yes No
If yes, please describe:

What method of discipline is used in your home? What is your child's reaction to this discipline?

What type of play does your child prefer?

(Please check as many behaviors as apply.)

ACTIVE

INDOOR

ALONE

WITH AN ADULT

IMAGINATIVE PLAY

QUIET

OUTDOORS

WITH A PEER

MUSIC

TRUCKS

BLOCKS

OTHER:

- CRAFTS
- MANIPULATIVE

- DOLLS
- DRESS-UP

Which behaviors best describe your child when upset?

(Please check as many behaviors as apply.)

- CRIES EASILY
- HAS TEMPER TANTRUMS
- BITES
- HITS
- KICKS
- VERBALLY ABUSIVE
- WITHDRAWS
- REGAINS COMPOSURE EASILY
- OTHER:

What situations might cause your child to become upset?

(Please check as many behaviors as apply.)

- SHARING
- FOOD ISSUES
- LIMIT SETTING
- BEING TOUCHED
- LIGHTNING
- LOUD NOISES
- SEPARATION ISSUES
- THUNDER
- TOILET
- DARKNESS
- OTHER:

What can we do to help your child when they become upset?

What would you say the temperament of your child is?

What are your child's strengths?

What are your child's weaknesses/needs?

How does your child learn best (for example do they learn best by doing, seeing, hearing or a combination)?

What would you like your child to learn this school year?

Is there anything else that you would like us to know about your child that would help us to better understand her or him?
