

Class: _____

WELBORNE CHRISTIAN PRESCHOOL
*****2017-2018*****
FAMILY INFORMATION

You can help us plan for your child's needs, understand concerns and responses, support and encourage your child if you provide the following information. The information will remain confidential, and **we hope you will update it as needed.**

Child's Name: _____ **Birthdate:** _____ **Sex:** Male / Female
(Please be sure to put the name your child wants to be called.)

Allergies: Yes/No If yes, please explain _____

Mother's Name: _____

*E-Mail Address: _____

Neighborhood/Subdivision: _____

Home Address: _____

Employer _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Father's Name: _____

*E-Mail Address: _____

Home Address: _____

Employer _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Does your family attend a church? Yes _____ No _____

If yes, which one? _____

Marital status of parents: Married _____ Separated _____ Divorced _____

If divorced, please describe custody and visitation agreement for the child:

Others living in your household:

Sisters, give names and ages:

Brothers, give names and ages:

Other adults, give names, ages, and relationship to child

Other significant persons in your child's life (step-families, grandparents, babysitters, etc.)

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>
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Does your child have a pet? Yes _____ No _____

Kind: _____ Name: _____

Kind: _____ Name: _____

Have there been any births, deaths, adoptions, or other changes in the family structure, which affected your child? Yes _____ No _____

If yes, please describe briefly what happened and the effect on your child.

What opportunities does your child have to play with other children?

Neighborhood _____ Sunday school _____ Cousins/other family _____

Nursery school or other classroom experience _____ Other _____

What are your child's favorite play activities?

Do you consider your child hard to manage or easy to manage?

What do you and your child enjoy doing together?

How much television does your child watch each day?

How much sleep does your child require daily?

What communicable diseases has your child had? Please indicate date and at what age:

	<u>Date</u>	<u>Age</u>		<u>Date</u>	<u>Age</u>
Chicken Pox	_____	_____	Scarlet Fever	_____	_____
Mumps	_____	_____	Measles	_____	_____
Impetigo	_____	_____	Conjunctivitis	_____	_____

Does your child have frequent....

Colds _____ Coughs _____ Tonsillitis _____

Ear infections _____ High fever _____ Upset stomach _____

Convulsions _____ Seizures _____

Has your child had a serious illness, surgery, or hospital stay? Yes _____ No _____
If yes, please describe the condition and your child's reaction.

Is your child receiving any services or have they in the past
(OT, Speech, PT, etc.)? Yes _____ No _____
If yes, please explain.

Can your child take care of his/her toilet needs? Yes _____ No _____
(Except for the 1-day and 2-year old classes, all children must be toilet trained before entering
preschool.)

Is your child taking any regular medication? Yes _____ No _____
If yes, please describe.

Does your child have any allergies? Yes _____ No _____
If yes, to what substances?

Does your child have any dietary restrictions? Yes _____ No _____
If yes, please describe.

Describe your child's eating habits (circle one):

Eats a lot of foods

Eats only a few foods

Eats only at mealtimes

Snacks all day

Describe your child's overall health:

Please give any additional information you think might be important for us to have:

What hopes and expectations do you have for your child from this program?