



# Discovery Time Preschool

A time to learn, share & discover.

## Identification Information

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F

Address \_\_\_\_\_

If child prefers to use a nickname, please list the name he/she will be using

\_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address: \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address: \_\_\_\_\_

Guardian or Custodian other than parent (if applicable)

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Child Care (if applicable)

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## Family History

Marital Status of Parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Widowed \_\_\_\_\_ Single \_\_\_\_\_

*Please indicate if there are special circumstances that restrict access to this student and provide supporting documentation (i.e. copy of a court order) to be kept in your child's file.*

Other Children in the Home (name and birthdate):

\_\_\_\_\_

\_\_\_\_\_

Church Your Family Holds Membership In: \_\_\_\_\_

## Physical Regime

Does your child have any unusual eating problems or food allergies? (Explain)

\_\_\_\_\_

Do you consider your child to be right-handed? \_\_\_\_\_ left-handed? \_\_\_\_\_ not sure? \_\_\_\_\_

What is your child's usual bed time \_\_\_\_\_ usual waking time \_\_\_\_\_

What is your child's attitude toward going to bed and taking a nap? \_\_\_\_\_

If your child has had the chicken pox disease, how old was your child? \_\_\_\_\_

**PLEASE COMPLETE FRONT AND BACK OF FORM**

**Play and Social Skills**

How does your child get along with other children?  
\_\_\_\_\_

Are your child's playmates girls \_\_\_\_\_ boys \_\_\_\_\_ younger \_\_\_\_\_ older \_\_\_\_\_

What is the usual size of neighborhood play group? \_\_\_\_\_

Previous group experience: preschool \_\_\_\_\_ play group \_\_\_\_\_

Sunday School \_\_\_\_\_

**Personality and Emotional Development**

Do you regard your child as affectionate? \_\_\_\_\_ To whom? \_\_\_\_\_

Does your child accept new people easily? \_\_\_\_\_

What are your child's fears? \_\_\_\_\_

What is your child's usual temperament? \_\_\_\_\_

What nervous habits does your child have? \_\_\_\_\_

When does your child show them? \_\_\_\_\_

When you find it necessary to discipline your child, what form of discipline works best for your child?  
\_\_\_\_\_  
\_\_\_\_\_

Give any further information which you believe will be helpful to us in understanding your child. (In case of handicap - describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know if you have a family emergency such as family members in the hospital or any other changes in the home. This will enable us to understand if your child's behavior changes.

**PLEASE COMPLETE FRONT AND BACK OF FORM**