

St. Philip's Preschool
Child & Family Information

Child's full name: _____ Sex: M or F

Parent's name: _____

Marital status of parents (*Circle One*):

Married/living together

Separated

Divorced

If divorced, please describe custody and visitation arrangement for the child.

Others in your household:

Sisters (Give names and ages):

Brothers (Give names and ages):

Other adults (Give names, ages and relationship to child):

Child's primary language/other languages:

Have there been births, deaths, adoptions or other changes in the family structure which affected your child? If so, describe briefly what happened and the effect on your child.

Child's favorite activities/toys:

How would you characterize your child (shy, sensitive, easy-going, aggressive, etc.)?

Do you consider your child hard to manage or easily managed?

What fears does your child have?

Has your child ever been separated from his/her parents before? If so how did he/she do?

Has your child ever been with a group of children? If yes where?

Has your child had any serious illnesses, surgery, or hospital stay?

Does your child have abnormality of

Skin? _____ Glands? _____ Extremities? _____

Genitalia? _____ Nervous system? _____ Other? _____

If so, please describe.

Is your child potty trained?

Is he/she able to help himself/herself in the restroom or does your child need assistance?

What expression or words are used by your child when he/she needs to use the restroom?

Does your child have allergies?

If so, what substances or food?

How are allergies manifested?
(hay fever, rash, stomach upset, other)

Does your child have any dietary restrictions?

If so, describe.

Is this because of allergy, family preference, medical, other?

List any other pertinent information concerning your child that will be helpful to his or her teacher (include any chronic health issues, speech, vision or hearing difficulties):

Please elaborate if needed: