

## All About Me!

Parents—please provide the following pertinent information to help us get to know your child better.

Child's Date of Birth \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

**Preferred** phone number/name to call in an emergency: \_\_\_\_\_

Email (one that is checked regularly): \_\_\_\_\_

Who has legal custody of your child? (please circle below)

Both parents   Mom only   Dad only   Other (please name) \_\_\_\_\_

Please list below everyone who lives in the home with your child:  
(eg: parents, siblings, grandparents, nanny, friends, etc.)

<u>Name</u>	<u>School / Grade</u> (if applicable)	<u>Relationship to child</u>
-------------	---------------------------------------	------------------------------

List those who are daily or regular caregivers, besides parents, for your child who do not live in the home with your child: (eg: grandparents, nanny, friends, neighbors, etc.)

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>	<u>Days/Times of Care</u>
-------------	--------------	---------------------	---------------------------

Does your child have any **diagnosed allergies or medical conditions**? We will require a Doctors' note with diagnosis and additional paperwork for prescribed medication, if any.  
Please list and explain condition and treatment below:



2018-19

Child's Name \_\_\_\_\_

What is your child's primary spoken language? \_\_\_\_\_

What other languages are spoken at home? \_\_\_\_\_

Is your child potty trained? (please circle)    Yes        No        (If no, is child in diapers or pull ups?)

Bathroom words used: \_\_\_\_\_

Preferred Hand: (please circle)        Right        Left        Undecided

Favorite toys and activities: \_\_\_\_\_

Fears: \_\_\_\_\_

Is this your child's first time in school?    Yes        No    If no, where: \_\_\_\_\_

Does your child play with other children, other than family, on a regular basis?    Yes    No

The following persons, after parents, should be called if an emergency arises at preschool and we cannot contact a parent. You must list ONE in addition to parents, two or three names are preferred.

<u>Name</u>	<u>Phone Number(s)</u>	<u>Relationship</u>	<u>Call First</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The following persons also have permission to pick my child up from preschool, in addition to parents. You may write in "same as above" or add additional names.

<u>Name</u>	<u>Phone Number(s)</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Has your child ever been involved with any therapy (eg: speech, physical, behavioral, developmental, Babies Can't Wait, etc). Please explain:

ADDITIONAL INFORMATION, COMMENTS or CONCERNS :