



Discovery Time Preschool

A time to learn, share & discover.

Identification Information

Child's Name _____ Birthdate _____ M / F

Address _____

If child does not use his/her legal first name, please list the name he/she will be using

Parent's Name _____

Address _____ Phone Number _____

Place of Employment _____ Phone Number _____

Email address: _____

Parent's Name _____

Address _____ Phone Number _____

Place of Employment _____ Phone Number _____

Email address: _____

Guardian or Custodian other than parent (if applicable)

Name _____

Address _____ Phone Number _____

Daycare (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