



PRESCHOOL Family and Social History

Child's Name _____ Birth Date _____

Father's Name _____ Age _____ Living at Home? _____

Mother's Name _____ Age _____ Living at Home? _____

Marital status of parents: _____

SIBLINGS

1. Sibling's Name _____ Age _____ Grade _____ Living at Home? _____

2. Sibling's Name _____ Age _____ Grade _____ Living at Home? _____

3. Sibling's Name _____ Age _____ Grade _____ Living at Home? _____

Reason for requesting preschool placement:

List other members of the household not included above:

Name _____ Relationship _____

Name _____ Relationship _____

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How does child get along with:

Parents _____

Siblings _____

Children in neighborhood _____

Has child had group play experience? _____

Has child been cared for by others than parent? _____

By whom? _____ Where? _____

Is child completely potty trained? _____

Does child need help with...

Dressing _____ Undressing _____ Washing hands _____ Eating _____ Toilet _____

Any special problems or fears we should be aware of?

Name of person giving information _____

SIGNATURE DATE

The required fields on this form may be completed manually, or by using Adobe Acrobat or Adobe Reader. When completed, print this page. Sign and date where indicated above, and return it to the school office immediately. For assistance, call (626) 301-9809.