

HELPFUL PRESCHOOL INFORMATION

About your Child

Please complete this form and return it on or before the Open House. The information will be helpful to me; in learning more about your child's individual needs and will help me make their transition into our class a smooth one.

Child's Name: _____ **Birthdate** _____

Parent(s) Name(s): _____

Siblings (Names & ages) _____

Has your child been enrolled in childcare before?

How does your child handle being separated from you?

Does your child nap?

Does your child have a favorite toy, blanket or comfort item?

Does your child nap or sleep with his/her comfort item?

Does your child need a pacifier, or suck his/her thumb?

What is your child's eating habits?

Does your child have any food allergies?

Does your child have any childhood fears?

How does your child prefer to be comforted when upset?

Is your child Potty trained or have you started Potty training your child?

If so, if a boy, does your child sit or stand when using the potty?

What words does your child use when asking to go to the bathroom?

How does your child deal with a confrontation with other children or siblings?

What is your child's favorite activity?

What is your child's least favorite activity?

Does your child show a preference to left or right handedness?