



# Child Information Questionnaire

**Please attach your child's photo (headshot) to this packet.**

Child's Full Name: \_\_\_\_\_ Age/Class: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## **CHILD DATA**

### **Class Experience**

Has your child ever attended preschool or daycare before? NO  YES

If so where: \_\_\_\_\_

Did your child attend Park Center Preschool the previous year? NO  YES

If yes, who was the teacher? \_\_\_\_\_

Has your child attended classes on his/her own without mom/dad? NO  YES

Has your child received or is currently receiving any outside services? (ex. therapy, speech, behaviors, sensory, emotional, occupational therapy) NO  YES

Please explain: \_\_\_\_\_

### **Separation**

Do you anticipate a separation problem or anxiety from your child? NO  YES

Explain \_\_\_\_\_

What works best for your child when you do experience separation problems or anxiety?

### **Personality**

How would describe your child's general personality?

- Nervous  Anxious  Active  Shy  Social  Easily Frustrated  Spirited  
 Extroverted  Introverted  Energetic  Rule-Follower  Creative  Cooperative

Other: \_\_\_\_\_

Does your child have any specific fears or special concerns/issues? NO  YES

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



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Please explain: \_\_\_\_\_

## **Interests/Play**

What are your child's play habits? Passive  Excited

What are your child's favorite toys at home? \_\_\_\_\_

What is your child drawn to? (blocks, trucks, dinosaurs, dress-up, etc) \_\_\_\_\_

## **Skills**

Can your child dress/undress him/herself? NO  YES

Can your child take off and put on his/her own shoes? NO  YES

## **Toileting**

At what age did your child become completely toilet trained? \_\_\_\_\_

When your child needs to use the bathroom, what does he/she say, or what terms are used? \_\_\_\_\_

Can your child take care of their toileting needs without assistance (wiping)? NO  YES

## **Nap Routine**

Does your child nap? NO  YES  If yes, what times? \_\_\_\_\_

## **Sensory Integration**

Are there concerns of which we should be aware NO  YES  Please be specific: \_\_\_\_\_

## **Behavioral**

Are there any special behavioral concerns of which we should be aware? NO  YES   
Please be specific: \_\_\_\_\_

Are there any recent changes at home (divorce, new sibling, new bed/house, etc) or family-related traumatic event since birth? NO  YES  If yes, please explain: \_\_\_\_\_

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





# Child Information Questionnaire

## Family Data

Do mom and dad both speak English? NO  YES

Does the nanny/babysitter/grandparents understand and speak English? NO  YES

What language does your caregiver speak? \_\_\_\_\_

If parents are separated or divorced, does the absent parent have any contact with the child?

NO  YES  Comments: \_\_\_\_\_

Caregiver Info (if applicable): Full Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does your child have older or younger siblings? NO  YES

What does Mom do for a living? \_\_\_\_\_ Dad? \_\_\_\_\_

Does your family celebrate any special holidays or ethnic practices in your home you would like us to know about? \_\_\_\_\_

What are you hoping your child will gain from the preschool experience?

*Thank you for filling in this important information!*

*Teachers use this information to better understand and help your child.*

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

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