

Student Information

Child's Legal Name:

Birthdate: _____ Age: _____

Does your child prefer to be called by a name different from the name listed on their birth certificate?

☐

yes

☐

no

If yes, list the name here:

Who lives in your home?



Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

(Please continue on back if more space is needed)

Contact Info



Parent/Guardian's Name:

Cell: _____ Email: _____

Parent/Guardian's Name:

Cell: _____ Email: _____

Who has legal custody of child?

What language(s) are spoken in your home?



How often does your child speak English? *(circle one)*

Always Sometimes Never

Does your child have any medically diagnosed **allergies** we should be aware of?

☐

yes

☐

no

If yes, please list allergies below:

Does your child require an EPI pen?

☐

yes

☐

no



Student Information

Has your child had any prior experience with childcare, preschool, Mother's Day Out etc.?



☐ yes ☐ no

If yes, how did your child respond to being in this setting?

FAVORITE ACTIVITIES



List 3 of your child's favorite activities:

1 _____

2 _____

3 _____

STRENGTHS



List your child's 3 greatest strengths.

1 _____

2 _____

3 _____

ACCOMPLISHMENTS



List 3 things you would like your child to accomplish this year:

1 _____

2 _____

3 _____

DESCRIBE



List 3 words that best describe your child:

1 _____

2 _____

3 _____

CONCERNS



Do you have any concerns about your child's development?
