



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

**Family Information**

Please list for us anyone other than the mother and the father who will be caring for your child:

Siblings:

Name	Date of Birth	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Are there other family members, family friends, neighbors, playmates, whom your child sees often and is likely to talk about? Please list their names and relationship to the child.

\_\_\_\_\_  
\_\_\_\_\_

**Child's Personality**

A. Please describe your child's overall personality.

\_\_\_\_\_

B. What are your child's favorite activities?

\_\_\_\_\_  
\_\_\_\_\_

C. Please list things your child is most interested in at this time?

\_\_\_\_\_

D. What are your expectations for your child at FBC Weekday Preschool for this coming school year?

\_\_\_\_\_  
\_\_\_\_\_

E. Are there any areas of concern that you would like to share with us?

\_\_\_\_\_  
\_\_\_\_\_

**Communication/Emotions**

A. What language(s) other than English are spoken regularly at home?

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B. What words does your child use to describe his/her feelings?

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C. How does your child show affection?

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D. What scares your child?

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**Separation**

A. How does your child react when he/she is left with a babysitter?

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B. Please list any care/preschool arrangements your child has had from birth to the present.

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C. Were any of these arrangements difficult for your child?

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**Health History**

A. Please list your child's allergies, if any.

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B. Does your child have any physical restrictions?

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C. Does your child take any medications regularly?

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### Child's Development

- A. Did your child have difficulty at birth or shortly after birth? Were (are) there any concerns about development?  
\_\_\_\_\_  
\_\_\_\_\_
- B. Does your child have any hearing, vision, or speech issues? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- C. Has your child been evaluated or screened for developmental concerns? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- D. Is your child currently receiving services or has he/she received them in the past? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### Discipline

- A. To what forms of discipline does your child respond best (time outs, loss of privileges, etc.)?  
\_\_\_\_\_
- B. Describe a recent situation where you had to discipline your child.  
\_\_\_\_\_

### Family History

- A. Are there any recent or current concerns in your family life (illness, stress, loss) that affect your child, that you would like to share with us?  
\_\_\_\_\_  
\_\_\_\_\_
- B. Is there anything else about your child that you would like to share with us?  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for choosing FBC Weekday Preschool. We know you have choices when it comes to preschools and childcare and we are honored that you allow us to partner with you in educating and nurturing your child.*