

INFORMATION RECORD

Faith Lutheran Christian Preschool

Confidential Data for Director's File

Child's Name _____ Date _____

Date of Birth _____ Age _____ Sex _____

Do both parents live with the child? _____

Brothers and Sisters – Names	Birthdates	Ages
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child adopted? _____ At what age? _____ Does he know? _____

Describe your child: Shy _____ Quiet _____ Friendly _____
Cautious _____ Active _____ Aggressive _____
Outgoing _____ Nervous _____ Cooperative _____

How does your child react to your guidance? _____

Activities: What activities does your child enjoy? _____

Does your child: Have Playmates? _____ What ages? Boys _____ Girls _____

Enjoy Playing alone? _____

Tire easily? _____

What activities does your family enjoy doing together? _____

Toilet Habits and dressing: Does your child:

Need assistance in the bathroom? _____

Tell you when he has to use the bathroom? _____

Dress independently? _____

Ties his/her own shoes? _____

Sleep Habits: When does your child usually go to bed? _____

Does your child? Usually have problems going to sleep? _____

Take a nap? _____ How Long? _____

What time does your child awake in the morning? _____

Has your child previously attended any other pre-school? _____

If so, where? _____

What do you hope your child will gain from the preschool experience? _____

Any additional information that would help us in serving your child through our preschool?
