

# Word of Life Lutheran Preschool

## PERSONAL INFORMATION

Child's Full Name \_\_\_\_\_ School Year: 2016-2017

### CHILD'S DEVELOPMENTAL HISTORY;

Age Began: Talking \_\_\_\_\_ Walking \_\_\_\_\_ Toilet Trained \_\_\_\_\_

Speech or Language concerns: Yes / No If yes, please explain \_\_\_\_\_

Developmental concerns: Yes / No If yes, please explain \_\_\_\_\_

Previous assessment or screenings? Yes / No If yes, please explain \_\_\_\_\_

Does your child receive services for developmental concerns? Yes / No If yes, please explain \_\_\_\_\_

Has your child ever attended preschool before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where and for how long? \_\_\_\_\_

Does your child have separation anxiety? \_\_\_\_\_

Describe your child's temperament: \_\_\_\_\_

Does your child have a medical condition, allergies, taking medication that may affect behavior? Yes / N

If yes, please explain \_\_\_\_\_

### CHILD'S FAMILY

Marital Status of Parents: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Other (specify) \_\_\_\_\_

Does child live with anyone other than mother and/or father? (Step parent, grandparent, etc.)

Any recent changes in the family (death of a loved one, divorce, illness, birth of a sibling, job change, recent move, health problem, etc)? \_\_\_\_\_

Does either parent travel for business? \_\_\_\_\_ How often? \_\_\_\_\_

Does your child stay with a babysitter or a daycare provider? \_\_\_\_\_

Language spoken at home if other than English? \_\_\_\_\_

Please list the name and age of any siblings: \_\_\_\_\_

CHILD'S INTERESTS:

What special interests does your child have? \_\_\_\_\_

Does your child have a favorite toy? \_\_\_\_\_

What activities do you enjoy as a family? \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

In general, how do you handle discipline at home? \_\_\_\_\_

\_\_\_\_\_

EDUCATIONAL GOALS

What do you hope your child will gain from his/her experience at Word of Life Preschool?

\_\_\_\_\_

\_\_\_\_\_

Where will your child be attending kindergarten? \_\_\_\_\_

Any additional information we may need to know to best serve your child? \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Revised 1/5/16)