



CHILD INFORMATION FORM

Child's Full Name _____ Birth Date: ____/____/____

Nickname _____ Gender: Male / Female
As you would like it to appear on their cubby and other school items

PERSONAL HISTORY

Parent/Guardian: _____

Second Parent/Guardian: _____

Health Insurance Information

Insurance Carrier _____

Policy # _____

Name of Policy Holder _____

1. Please list names and birth dates of other children at home.

2. Does your child have before or after school child care on a regular basis? Y N

5. Has anyone in your family attended White Wing, Children's Winter Garden or Children's Winter Garden with White Wing School?

Y N

Name _____ Date attended _____

DEVELOPMENTAL HISTORY

1. Was your child premature? Y N Did your child receive Early Intervention Services? Y N

Please describe _____

2. Any difficulties in speaking? Y N Please describe _____

3. Languages other than English spoken in the home _____

4. Describe any special needs affecting your child's ability to participate in our program.

MEDICAL

1. Does your child have any food restrictions or a special diet? Y N

Please describe _____

2. Does your child have any allergies (medicine, food, environmental, etc.)? Y N

Please Describe _____

3. Is your child taking any medication? Y N

Please list medication and purpose _____



TOILET HABITS

1. Age your child was Potty Trained _____. Does your child indicate his/her bathroom needs? Y N
2. Terms he/she uses _____
3. Does your child have accidents? Y N

SOCIAL RELATIONSHIPS

1. Has your child participated in organized activities; preschool, story hour, church classes, or informal play groups? Y N
2. Please describe activity and child's experience, noting any significant event.

Activity or School Name	Age	Experience
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3. What informal contacts does your child have with other children away from school and organized activities?

4. By nature, is your child: (circle all which apply)

outgoing reserved active quiet sensitive flexible

6. How does he/she relate to strangers? _____ Does your child play well alone? Y N

7. Favorite type of play when with friends: _____

8. Are there any special religious or cultural customs that are important to your family?

9. We are very interested in learning about your family traditions. Would you be interested in coming in to talk with our classes about your traditions? _____

10. Would you be interested in talking about you or your family member's profession? _____

11. What do you hope your child will gain from his/her preschool experience this year? _____

Thank you for sharing this information about your child with us.

(Parent Signature)

(Date)