



# Storyland Child Information Preschool/School



## Age Form

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

Nick Name \_\_\_\_\_ Age \_\_\_\_\_

Birth day \_\_\_\_\_ Scheduled days to attend : M T W Th  
F Times \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's name  
\_\_\_\_\_

Child Lives with: Both Parents:  Mother:  Father:

Grandparents:  Guardian:  Other:

Name and Age of siblings or others living in the household  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names that child uses to identify grandparents  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pets \_\_\_\_\_

Names of individuals residing in the home where child lives:  
\_\_\_\_\_  
\_\_\_\_\_

Has your child previously attended a day care center, preschool, Head Start, in home day care or relative, If so, name  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was your child's experience with former child care arrangements  
\_\_\_\_\_  
\_\_\_\_\_

### Family Traditions and Information

Special holidays or family traditions that your family celebrates? \_\_\_\_\_

Special customs that we should be aware of? (cultural, ethnic, etc.) \_\_\_\_\_

Favorite things that the family does together (hobbies, outings, activities) \_\_\_\_\_

Major language spoken in the home \_\_\_\_\_

Religious \_\_\_\_\_

Preferences \_\_\_\_\_

What are your thoughts about child rearing?  
\_\_\_\_\_  
\_\_\_\_\_

### Children's Social & Emotional Development

Does your child use the restroom independently?  
\_\_\_\_\_

Does your child need help dressing or undressing?  
\_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ If so, how long does he/she normally sleep?  
\_\_\_\_\_

Does your child require any special items when resting (stuffed animal, etc).  
\_\_\_\_\_

What are your normal methods for responding to his/her negative behaviors?  
\_\_\_\_\_

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

How does your child express anger?  
\_\_\_\_\_

Does your child have any particular habits or mannerisms?  
\_\_\_\_\_

List foods that your child especially dislikes:  
\_\_\_\_\_

### **Child's Health**

What are your child's favorite foods?  
\_\_\_\_\_

As a general rule, is your child's appetite excellent, good, fair, or poor?  
(Please circle)

Does your child require any special medical care? Please  
Explain \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Please list  
\_\_\_\_\_

Does your child have any special needs (Chronic medical conditions, physical  
impairments, vision problems, hearing problems, speech problems, ongoing  
medications, ADHD, Bipolar, Autism, etc.)  
\_\_\_\_\_

Do you have any outstanding concerns about your child or this child care  
facility? \_\_\_\_\_

### **Play Experiences**

Favorite games and  
activities \_\_\_\_\_

Favorite toys \_\_\_\_\_ Favorite outdoor  
activities \_\_\_\_\_

In what areas can we help your child?  
\_\_\_\_\_

How can we best help your child succeed in school?  
\_\_\_\_\_

Is there anything else that you can add that would help us get to know your child  
and help him/her adjust more quickly? Please add anything that you feel would  
help us get to know and understand your child.  
\_\_\_\_\_

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### **Volunteer Information**

Would you be interested in participating in the following activities if they were offered?

Parenting Classes	YES	NO	
Parent Advisory Board	YES	NO	
Classroom Volunteer	YES	NO	
Parent/Teacher Conferences	YES	NO	
Share a hobby, occupation, family tradition, cultural experience			YES
NO			