

Personal Information Form Confidential

Not all questions apply to every child but any information you supply us with may help us guide your child to a healthy, happy and productive fun-filled school or camp season.

Name	_Sex	_Age	_Birthdate
Address		Town	Zip
Telephone#	Cell#'s_	-	-1
Father's Name	Occupat	ion	
Mother's Name	Occupat	ion	
Family Special Interests			
Other members of household: (siblings, grandparents,	Housekeepe	rs, etc.)	
NameAge	Relation	to Child	
NameAge	Relation	to Child	
NameAge	Relation	to Child	
Play/Interests: Does child usually play alone? Yes	No		
With same age children? Yes Older? Yo	ounger?	_Same Sex?	Everyone?
Large or small groups? Active or	quiet?		
Other interests?			
Specific Allergies:*			

Has your child had any early intervention?
Please state reason for intervention:
Dates of intervention:
Other concerns: (food, physical, social, etc.)
Emotional: What past experiences have upset your child? Underline and explain.
Separation in family, illness, hospitalization, new sibling, animals, particular fears, school or camp
experience, other
Any present condition that may upset your child (new baby, sibling rivalry, loud sounds, animals)
Underline those characteristics that apply to your child:
happy, affectionate, moody, irritable, calm, relaxed, excitable, tense, withdrawn, boisterous, whiny, cries easily, sensitive, easily angered, dependent, self-confident, independent, overactive, easily fatigued, aggressive.
Areas that your child may require special attention: dressing, eating, speech, social interaction.
Has your child been enrolled in another preschool program?
Name of program:
Dates:Reason for leaving