



Avoca Community Preschool

2011-2012 Child Background Questionnaire

Included are one photo of my child and one family photo

Please Check

Please note that you will enter demographic information online when prompted. The primary purpose of this form is for information gathering.

Child's Full Name (middle name included please) _____

Child's Name to Be Used at School (including nicknames) _____

Sex _____ Age _____ Date of Birth _____

Are Parents Living Together _____ Separated? _____

Divorced? _____ How Long? _____

Custody / Living Arrangements _____

Siblings _____ Ages: _____

Other Members of the Household (housekeeper, babysitter, extended family) _____

Are there any medical cares or treatment Avoca Community Preschool should be aware of, such as allergies, medication, illness, etc?

Explain _____

Is there any history of pre or peri - natal difficulties? _____

Please Explain _____

Is your child toilet trained? _____ Is your child in the process of toilet training? _____

Does your child dress her / her self? _____ Undress? _____

Is your child right or left handed? _____

What time does your child go to bed at night? _____ Awaken in the morning? _____

Does your child sleep well? _____ Does your child nap? _____

What time? _____ How long? _____

Has your child had group play experiences? _____ Where? _____

Does your child have neighborhood playmates? _____

What are your child's favorite outdoor activities? _____

What are your child's favorite indoor activities? _____

Does your child have any fears that you are aware of? _____

How would you describe your child's personality? _____

What method of behavior control is used in your home? _____

What is your child's usual reaction? _____

Does your child have any speech and or language delays? _____

If so, is he /she receiving speech therapy? _____

Is your child receiving and occupational therapy services? _____

Is your child receiving any other therapy or medical services? _____

Is there a family history of delays in any of the above areas? _____

Is your child being brought to school and / or being picked up by a care giver? _____

If yes, are we able to communicate with the care giver? _____

Are there any additional comments that would help us better serve your child? _____

What do we need to know to better serve the needs of your child with reference to his / her cultural heritage, traditions and languages spoken at home?

What are your main goals for your child to obtain from his / her preschool experience?
