

KinderArt

Inspiring confident enthusiastic learners!

Background Information

Child's Name: _____ Birthdate: _____

Address: _____ Sex: _____

_____ Telephone: _____

Days Desired M,W,F T,Th M-F Half Full

Kindergarten

After School Care? Y/N

Mother's Name: _____ Occupation: _____

Address & Alternative Phone #: _____

Email Address: _____

Father's Name: _____ Occupation: _____

Address & Alternative Phone #: _____

Email Address: _____

Marital Status of Parents: _____

Custody-Visiting Arrangements: _____

List Siblings and Their Ages:

Other Members of the Household:

Is your child toilet trained? Yes No
Describe assistance needed and words used: _____

Does your child nap? Yes No When? _____
What time does your child go to bed at night? _____ Wake up? _____

Does your child have any special fears? Yes No
If yes, please explain: _____

Does your child have vision or hearing problems? Yes No
If so, please explain: _____

Does your child have any health problems we should be aware of? _____

Does your child have any allergies? Yes No
If so, please explain: _____

Do you have any concerns about any aspect of your child's development? _____

Does your child have frequent colds? Yes No

Earaches? Yes No

Stomachaches? Yes No

Sore Throats? Yes No

Fevers? Yes No

Are there any special medical, physical or emotional needs that the staff or school should be aware of? _____

Does your child play well alone? No Yes
 Does your child play well in groups? No Yes
 Are there neighborhood playmates? No Yes

Please circle words below that describe your child:

Happy	Aggressive	Friendly	Moody
Dependent	Stubborn	Impulsive	Fearful
Good-natured	Even-tempered	Attentive	Sympathetic
Clumsy	Quiet	Shy	Sleepy
Other: _____			

Has your child gone to preschool or daycare before? no yes

If so, where? _____

Please describe previous experience: _____

Has your child learned to:

- | | | | | |
|-----|------------------------------------|----|-----|----------------|
| 1. | Say nursery rhymes? | No | Yes | |
| 2. | Sing songs? | No | Yes | |
| 3. | Listen to stories? | No | Yes | |
| 4. | Say his or her name? | No | Yes | |
| 5. | State his or her age? | No | Yes | |
| 6. | Recognize and name common objects? | No | Yes | |
| 7. | Follow simple directions? | No | Yes | |
| 8. | Count? | No | Yes | How far? _____ |
| 9. | Balance on one foot? | No | Yes | |
| 10. | Throw and catch a ball? | No | Yes | |
| 11. | Ride a tricycle? | No | Yes | |
| 12. | Draw a person? | No | Yes | |
| 13. | Write his or her name? | No | Yes | |

What do you hope will be included in your child's preschool program?

How did you hear about KinderArt? _____