



## CHILD INFORMATION 2025-2026 School Year

Today's Date: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

### PERSONAL INFORMATION

Child's Name: \_\_\_\_\_  
First Middle Last

Child's Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Parent 1: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent 2: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Marital Status of Parents:

\_\_\_\_\_ Married

\_\_\_\_\_ Living Together

\_\_\_\_\_ Separated How long? \_\_\_\_\_

\_\_\_\_\_ Divorced How long? \_\_\_\_\_

If child is adopted, age at adoption: \_\_\_\_\_ Does child know he/she is adopted? \_\_\_\_\_

Please list all siblings:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

We try to celebrate the cultural aspects of religious holidays that are important to children. Please list religious holidays celebrated by your family:

\_\_\_\_\_

Other persons living in your home (including relationship and age): \_\_\_\_\_

\_\_\_\_\_

## SOCIAL EXPERIENCES

Has your child had group play or school experience? \_\_\_\_\_ Where? \_\_\_\_\_

Was it successful? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite indoor play activities? \_\_\_\_\_

What are your child's favorite outdoor play activities? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

What method of discipline is used in your home? \_\_\_\_\_

By Parent 1: \_\_\_\_\_ By Parent 2: \_\_\_\_\_

What is child's typical reaction? \_\_\_\_\_

Does child have any strong fears that you are aware of? \_\_\_\_\_

## DEVELOPMENT AND HEALTH

Does your child dress self? \_\_\_\_\_ Undress self? \_\_\_\_\_ Right or left-handed? \_\_\_\_\_

What time does child eat meals? Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Snacks \_\_\_\_\_

What time does child go to bed at night? \_\_\_\_\_ Awaken? \_\_\_\_\_ Nap? \_\_\_\_\_ Are naps daily? \_\_\_\_\_

Has child been to the dentist? \_\_\_\_\_ Results: \_\_\_\_\_

Vision tested? \_\_\_\_\_ Results: \_\_\_\_\_

Hearing tested? \_\_\_\_\_ Results: \_\_\_\_\_

Does child have any speech difficulties? \_\_\_\_\_ Explain: \_\_\_\_\_

Does your child vomit or get sick easily? \_\_\_\_\_

Other information you would like us to know about your child: \_\_\_\_\_

\_\_\_\_\_