

GENERAL INFORMATION

Trietsch Enrichment Center 2017-18

Child's Name: _____ DOB : _____ Boy or Girl _____ Birthplace: _____

Name to be used for cubbies and written recognition activities _____

Mother: _____ Father: _____

Occupation _____ Occupation: _____

Child's siblings: (names & ages) _____

Family pets: (kind & name): _____

How would you describe your child's personality: _____

Your child's attention span is: Short ___ Average ___ Long ___

Your child's activity level is: Very active _____ Average _____ Calm _____

List other group experiences (Sunday school, play groups, etc.) your child participates in? _____

Other than siblings, does he/she have playmates? _____ Younger or older? _____

Is your child a *small moderate substantial* eater? Favorite foods: _____

Have you recently moved? _____ Prior home: _____

Has your child been seriously ill/ hospitalized since birth, experienced the death of a significant family member since birth, or has a member of your immediate family been seriously ill/hospitalized recently?

Does your child have any habits that it would be helpful for us to know? (Thumb sucking, nail biting, attachment to a blanket, etc.)

Does your child wear diapers? _____ Permission to change wet or soiled diapers or assist during potty training _____
(Please do not send your child in pull-ups. Diapers or underwear only.)

Does your child need assistance with toileting? Regularly _____ Occasionally _____ Never _____
(All 3 year old children need to be completely toilet trained. 4 year olds and older should be able to toilet independently)

Permission to assist with clean up after toileting if necessary and/or child requested: (*circle one*) YES NO

Is your child's speech easily understood? _____ Is your child's participating in speech therapy? _____

Is your child participating in any other types of therapy? (PT, OT, Play therapy, etc.) _____

Is your child showing preference for right or left hand in grasping/coloring/writing?

What are your child's favorite activities, toys, etc.?

What do you hope your child will gain by attending the preschool program this year?

Please list any special skills, family customs or interesting hobbies that you would be willing to share with the children:

Briefly describe academic and motor skills that your child has mastered: (Example; ties shoes, skips hops, recognizes letters, is a beginning reader, knows colors, counts from 1 to 10, etc.)

Please give any other information that you think may be helpful for us to know:

Parent or Guardian Signature _____ Date _____