



ENROLLMENT SUMMARY

Dear Parent:

To insure your child's having a successful initial school experience, it is important that the teacher know something of your child's pre-school background. For this reason, you are asked to respond to the following questions. Your cooperation is appreciated. All information will be kept confidential.

General Information:

Child's Full Name _____

Nickname _____ Date of Birth _____

Home Address _____

Home Telephone Number _____

Cell Phone Numbers: _____ Mom _____ Dad _____

Family Information:

Father's Name _____

Present Occupation _____ Business Telephone # _____

Does Father's business require him to be out of the city frequently? _____

Mother's Name _____

Present Occupation _____ Business Telephone# _____

Does Mother's business require her to be out of the city frequently? _____

Child lives with _____ Both parents _____ Mother _____ Father _____ Other _____

Describe Current Residence (house, apartment) _____

Siblings Name	Sex	Age	School/Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your family's primary language (i.e. English, Spanish, etc.)? _____

Has anyone else helped rear this child? _____

If you are separated or divorced, please describe the custody arrangement. _____

How many times has the child been away from his/her parents for more than one day at a time? _____

How did the child feel about you being away? _____

Are there any illnesses in your family that seriously affect your family or your child? _____

Has your child had any kind of traumatic experience of which the school needs to be aware of? _____

Does someone regularly read to your child? _____

When you read to your child, does she/he listen? _____ usually _____ sometimes _____ rarely

General Health:

What is the child's usual bedtime? _____

Does the child usually have an afternoon quiet time/nap? _____

If your child still takes a nap, what does he/she do to have a successful nap? Example –Anthony sleeps with a blanket with the blinds closed.

Please describe any unusual fears or nervous habits _____

Is your child toilet trained? _____

If not, is he/she working on toilet training? _____

What are your child's eating habits? Do they use a spoon, finger feed; take a bottle, sipper cup, etc.?

Does your child have any known allergies? _____ If yes, please explain: _____

Does your child have any medical problems, or conditions, such as an allergy or toileting concerns which might affect his/her participation in the program? _____

Social Development:

What makes your child happy? What is their favorite thing to do? _____

Do playmates visit your child and how often? _____

How old are the playmates? _____ younger _____ older _____ same age

Describe your child's play when he/she plays alone? _____

How does your child usually spend a day at home during good weather? _____

How many hours are usually spent each day watching TV? _____

List several of your child's favorite playthings _____

What experiences has your child had with music? _____

Indicate schools/pre-schools he/she attended prior to this year

School	Year
_____	_____
_____	_____

How did your child feel about this experience? _____

Were there any problems with this experience? _____

Development of Personal Skills:

Does your child dress himself/herself? ___yes ___no

Has your child had experience with crayons? ___yes ___no

Has your child had experience with paints? ___yes ___no

Has your child had experience with scissors? ___yes ___no

Can your child throw a ball? ___yes ___no

Can your child catch a ball? ___yes ___no

Does your child ride a bicycle? ___yes ___no

Does your child put away toys by himself/herself ___yes ___no

Does your child seem to be _____ right-handed? _____ left-handed?

List any responsibilities your child has at home. _____

Parents' Impressions and Attitudes:

What means of discipline work best for your child? _____

What causes your child to become upset or angry? _____

What additional information do you feel would help your child's teacher? _____

What do you feel are the most important things the preschool year can do for your child? _____

What is your expectation for your child at Incarnation Preschool? _____

Would you be available to help with your child's preschool program?

In the classroom? ___yes ___no

At home? ___yes ___no

Parents, please list any special interests or hobbies that you could be shared with the class.

Additional information you would like to share about your child.

