

**Central College Preschool
Family & Child Personal History**

CCP recognizes the importance of family connections and the impact that they have on each child's growth and development. The more that we know about your child, the better we can meet his or her needs. Every family has unique traditions, customs and rituals. When you complete this form, it will help us to better understand your child's unique qualities. All information will be shared only by those interacting with your child.

Child's Name _____ **Nickname** _____ **Date of Birth** _____

BACKGROUND

Names and ages of siblings _____

Names of other relatives or friends living in your home _____

Any pets? _____

Primary language spoken in the home _____

Are there particular family rituals, holidays or family celebrations your family observes? If yes, please explain

Would you be willing to share these special traditions or rituals with your child's class? ___ Yes ___ No

If yes, What would they be?

SOCIAL/EMOTIONAL

Has your child had experience playing with other children? ___ Yes ___ No If yes, where? _____

By nature is your child: ___ Friendly ___ Aggressive ___ Shy ___ Withdrawn ___ Other (Please specify) _____

What frightens your child?

DEVELOPMENTAL

Does your child dress/undress him/her self? ___ Yes ___ No

What time does your child usually eat? Breakfast _____ Lunch _____ Dinner _____

Does your child have any eating concerns or dietary restrictions?

Does your child have any issues or concerns that we should be aware of?

Is your child independent with toileting? Yes No

Is your child right or left handed? Right Left Shows no preference

What time does your child go to bed? _____ Awaken? _____

Does your child take naps? Yes No If yes, what time and for how long? _____

EXPERIENCE

What are your child's favorite toys and activities at home? _____

Favorite outdoor activities? _____ Can your child ride a tricycle? Yes No

Does your child like to be read to? Yes No Listen to music? Yes No

Does your child have experience with: **Scissors?** Yes No **Glue?** Yes No

Markers/Crayons? Yes No **Paint?** Yes No

What is your goal(s) for your child this year at CCP?

Is there anything else that you would like us to know about your child?

Parent Signature _____ Date _____

Thank you for sharing your child with us at Central College Preschool!

2013
