

PLEASE FILL OUT BOTH SIDES OF THIS FORM: THIS INFORMATION IS FOR TEACHER USE ONLY
Bartlett Park District Preschool Student Health/Helpful Information

Child's name: _____ Birth date: _____ () boy () girl

Nickname if any or name you would like teacher to use: _____

Home address: _____

Home phone number: _____ Email address: _____

Mother's name: _____ Mom's cell # _____

Mother's occupation, place of employment and work hours: _____

_____ Mom's work # _____

Father name: _____ Dad's cell # _____

Father's occupation, place of employment and work hours: _____

_____ Dad's work # _____

Does child live with both parents? ____ Yes ____ No Was child adopted? _____ At what age _____

Custody/Visiting arrangements if any: _____

Names of other family members living in household & relationship to child: (include ages of siblings)

If there is a care giver during school hours other than parent:

Name: _____ Relationship: _____

Home phone # _____ Cell #: _____

Address: _____

SPEECH AND LANGUAGE

Child's primary language _____ If not English how much does your child understand in English and or communicate in English? _____

Is your child speech plainly understood? ____ Yes ____ No ____ Most of the time

Is your child receiving speech therapy? ____ Yes ____ No If yes how often _____

HEALTH HISTORY

Does your child have any of the following ongoing medical conditions that we should be aware of?

	<u>YES</u>	<u>NO</u>	<u>DESCRIBE</u>
Allergies	____	____	_____
Asthma	____	____	_____
Seizures	____	____	_____
Other	____	____	_____

**If you answered yes to any of the above questions and your child requires medication during preschool hours please contact Peggy Calabrese @ 630-540-4853, so she can get you the proper medication dispensing permission forms. Forms must be turned into the teacher on the first day of class.*

Does your child have any food/drink restrictions that we should be aware of?

Does your child take any regular medications? _____ If yes, please describe what and why?

Does your child have any other special medical, physical or emotional needs that we should be aware of? (Example: hearing loss, prone to nose bleeds, special fears, any past serious accidents or operations)

Do you have any concerns about any aspect of your child's development? (social, physical, emotional or intellectual)

Was your child a premature birth? _____ Weight at birth _____

BATHROOM HABITS

When your child needs to use the bathroom what term does he/she use? _____

Is there any special information you would like the teacher to know in regards to the bathroom habits of your child?

GENERAL INFORMATION

Please give us some general information about your child so that we can better understand them. (Example: general temperament, shy, independent, special family situations, likes, dislikes, favorite activities either alone or with the family, significant accomplishments you would like the teacher to be aware of)

Has your child had any other play experience? (day care, play groups, church classes) ____ Yes ____ NO

Does your child accept correction easily? _____

What is the method of discipline used at home? _____

Does your child show a preference to using their right or left hand? _____

What holidays and or special celebration do you celebrate as a family? (Example: Christmas, Hanukah, Diwali, Birthdays, None)

What do you hope will be included in your child's preschool program? What are you hoping to have your child gain from the preschool experience?

QUESTION TO ASK YOUR CHILD: "What do you want to do or learn about in preschool this year?"
(Example: Sally wants to finger-paint, Joey want to learn about Dinosaurs)