



central christian
PRESCHOOL



WHERE HOME, CHURCH AND SCHOOL WORK TOGETHER

Preschool Background Form

Date: _____

Name: _____ Age: _____ yrs. _____ mo.

Is your child toilet trained? _____

Describe assistance needed and words used _____

Does your child nap? _____ When? _____

What time does your child go to bed at night? _____ Wake up? _____

Does your child have any special fears? _____

What does your child usually eat for breakfast? _____

What are your child's favorite activities? _____

Does your child play well alone? _____ In groups? _____

With what age children does your child usually play? _____

Does your child accept correction easily? _____

What is the method of behavior control used in your home? _____

Has your child had group play experience? _____

Has your child been cared for by someone besides the family? _____

If so, please describe _____

Has your child been dismissed from a previous preschool or daycare? _____

If so, please give reason _____

What do you hope will be included in your child's preschool program? _____
