

Word of Life Lutheran Preschool

PERSONAL INFORMATION

Child's Full Name _____ Birth Date: _____

What name would you like your child to be called in class and practice recognizing and writing?

*(Please note this name will most likely follow them throughout their schooling.)

First

Last

CHILD'S DEVELOPMENTAL HISTORY

Age Began: Talking _____ Walking _____ Toilet Trained _____

Please Circle Yes or No for the following questions. If yes, please explain further.

Yes / No Speech or Language concerns: _____

Yes / No Developmental concerns: _____

Yes / No Previous assessment or screenings: _____

Yes / No Receive services for developmental concerns: _____

Yes / No Attended preschool before, where and for how long: _____

Yes / No Separation anxiety: _____

Yes / No Medical conditions, allergies, taking medication or any other medical concern: _____

Yes / No Food aversions, chewing or swallowing issues etc.: _____

Yes / No Behavioral concerns: _____

CHILD'S FAMILY

Yes / No Does child live with anyone other than mother and/or father? _____

Yes / No Recent changes in family (death, divorce, illness, birth of a sibling, job change, recent move):

Yes / No Does either parent travel for business: Frequency? _____

Yes / No Does your child stay with a babysitter or a daycare provider? _____

Yes / No Language spoken at home if other than English: _____

CHILD'S INTERESTS AND GOALS

Yes / No Favorite toy or security item: _____

Yes / No Fears or phobias: _____

Yes / No Will your child attend Kindergarten locally, if so where? _____

What do you hope your child will gain from his/her experience at Word of Life Preschool?

Signed _____ Date ____/____/____

Please write any addition information you would like us to know on the back of this form. Thanks!