

# Charter Oak Cooperative Preschool

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

## General Information

Names & ages of siblings: \_\_\_\_\_

Other people living in the home: \_\_\_\_\_

Is there anything special we should know about your child? \_\_\_\_\_

\_\_\_\_\_

Favorite toys or activities: \_\_\_\_\_

Have you or your child participated in a preschool before? \_\_\_\_\_

Other previous group experiences: \_\_\_\_\_

\_\_\_\_\_

## Physical History

Child's doctor: \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Date of last check-up \_\_\_\_\_

Allergies or special health concerns: \_\_\_\_\_

\_\_\_\_\_

Serious accidents, illnesses, operations (age): \_\_\_\_\_

\_\_\_\_\_

Speech, hearing or vision impairments/difficulties: \_\_\_\_\_

\_\_\_\_\_

Toileting difficulties: \_\_\_\_\_

\_\_\_\_\_

## Characteristic Behavior

Does your child tire easily? Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_ Often \_\_\_\_\_ When? \_\_\_\_\_

Fears (history and manifestation)? \_\_\_\_\_

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Do you have any concerns about your child's behavior?

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## Goals

What do you hope your child will gain from their preschool experience? \_\_\_\_\_

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What would you like to gain for yourself? \_\_\_\_\_

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Suggested topic(s) for parent meetings discussions: \_\_\_\_\_

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