CHILD INFORMATION FORM

2026-2027

Child's Name: _____ Date of Birth:_____

1. Tell us about your child's eating and sleeping/napping habits:

2. What is your child's favorite toy/activity?

3. What types of guidance/discipline are effective with your child?

4. What are some difficulties your child might have (health, fears, frustrations):

5. Does your child interact well with other children?

6. How do you think your child will adjust to school?

7. Who (if anyone) does childcare for your child?

8. Please list parents' type of work and hours:

9. What is your biggest concern regarding the development of your child?

10. What is the most important thing we need to know about your child?

11. Has your child had previous preschool experience? ☐Yes ☐No

    If Yes, where?

12. Which hand does your child show a preference for?

☐Right hand ☐Left hand

13. Has your child completed Early Childhood Screening? ☐Yes ☐No

14. Is there anything you need us to understand about traditions and customs in your family?

15. What language(s) is spoken at home?

16. Share the special qualities about your child:

17. What are your expectations of our program/goals for your child this year?

18. Names of other adults in the household:

19. How did you hear about Mount Olive Christian Preschool?

Teacher Signature: _____ Date: __ __/__ __/__ __ __ __

Parent Signature: _____ Date: __ __/__ __/__ __ __ __