

Leesburg United Methodist Preschool
Student Information
2010-2011

Family and Social History

Child's Name _____ Sex _____

Address _____ Phone _____

Child's Nickname _____ Birthplace and date _____

Father's Name _____ Occupation _____

Business Address _____ Phone _____

Mother's Name _____ Occupation _____

Business Address _____ Phone _____

Names and ages of siblings _____

Other household members & relationship _____

Has your child had group play experience? _____

Does your child have neighborhood playmates _____

Does your child watch TV? _____ What does he watch _____

What are your child's favorite indoor activities? _____

_____ Outdoors? _____

Does your child have fears or concerns? _____

Parents church affiliation? _____

Developmental History

Hand Dominance/preference _____ Does your child have any dietary restrictions? _____

Does your child have any speech problems? _____



If so, has your child seen a speech pathologist? _____

Are there any concerns or items that you would like us to be aware of? _____

How would you describe your child's personality? _____

Health Information

Does your child have any allergies? _____ Specify _____

What signs of reaction should we look for _____

Is there any other medical condition that we should know to properly care for your child. _____

Emergency Information

Physicians name _____ Phone _____

* In case of emergency, when neither parent can be reached whom should we call?

Name _____ Phone _____

Name _____ Phone _____

What is your child's elementary school attendance area? _____
