

**ST. JOHN'S PRESCHOOL / DAYCARE
312 N. MAIN ST.
NORTH PRAIRIE, WI 53153**

NAME OF PARENTS: _____

RELIGION: _____

CHURCH: _____

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CHILD BAPTIZED: YES NO

CHILD DATA

| | | |
|------------------------|----------|------------|
| NAME (Last, First, MI) | NICKNAME | BIRTH DATE |
|------------------------|----------|------------|

DEVELOPMENTAL TASKS/ACCOMPLISHMENTS

| | | | |
|------------------|--|---|--|
| TOILET TRAINED | <input type="checkbox"/> DAY | <input type="checkbox"/> NIGHT | |
| IS YOUR CHILD | <input type="checkbox"/> LEFT - HANDED | <input type="checkbox"/> RIGHT - HANDED | |
| READINESS SKILLS | <input type="checkbox"/> COLORS | <input type="checkbox"/> PRINTS NAME | <input type="checkbox"/> CUTS |
| ATTENTION SPAN | <input type="checkbox"/> SPORADIC | <input type="checkbox"/> MODERATE | <input type="checkbox"/> SUSTAINED |
| ACTIVITY LEVEL | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> HIGH |
| PLAYS | <input type="checkbox"/> ALONE | <input type="checkbox"/> NEAR OTHERS | <input type="checkbox"/> WITH OTHERS |
| SELF-HELP SKILLS | <input type="checkbox"/> FEEDS | <input type="checkbox"/> TOILETS | <input type="checkbox"/> DRESSES |
| | <input type="checkbox"/> TIES | <input type="checkbox"/> ZIPS | <input type="checkbox"/> BUTTONS/SNAPS |

CHILD'S PREFERENCES

| FOODS | TOYS | PASTIMES |
|-------|------|----------|
| | | |
| | | |
| | | |

SPECIAL CONSIDERATIONS

| FEARS/DISLIKES | PERSONALITY CHARACTERISTICS | SPECIAL NEEDS |
|----------------|-----------------------------|---------------|
| | | |
| | | |

CHILD INFORMATION

| | | | |
|---------------------------|------------------------------------|----------------|----------------|
| PREVIOUS GROUP EXPERIENCE | RESPONSE TO NEW/STRANGE SITUATIONS | | |
| NAP | <input type="checkbox"/> YES | NORMAL NAPTIME | NORMAL BEDTIME |
| | <input type="checkbox"/> NO | | |

FAMILY INFORMATION

| SIBLINGS | AGE | RELATIONSHIP | PETS/TYPE | NAME |
|----------|-----|--------------|-----------|------|
| | | | | |
| | | | | |

STATUS OF PARENTS

| | | | |
|---|---------------|-------------------------------|---------------|
| MOTHER LIVING? | Y OR N | FATHER LIVING? | Y OR N |
| BOTH PARENTS HOME? | Y OR N | ONE PARENT HOME? | Y OR N |
| ANY OTHER ADULTS LIVING IN HOME? | Y OR N | SEPERATED OR DIVORCED? | Y OR N |

| | |
|--|--|
| WHERE WILL YOUR CHILD ATTEND KINDERGARTEN? | |
| WOULD YOU LIKE YOUR CHILD TO BE CALLED BY THEIR NICKNAME? | |
| WHAT FORM OF THEIR NAME SHALL WE TEACH THEM TO PRINT? | |
| IS YOUR CHILD ENROLLED IN A SPEECH PROGRAM? | |

ACADEMIC PREFERENCES

CONTINGENCY CARE PLAN FOR CHILD ILLNESS

Does your child have any medical, developmental, and/or social-emotional concerns? Known allergies?

PICTURES

Occasionally, we like to take pictures of the children during their normal activities for classroom enrichment purposes or special projects. Teachers often use these pictures for special days throughout the year. Will you authorize our staff to photograph your child for these purposes? YES NO

VOLUNTEER AVAILABILITY

| | |
|--|--|
| <input type="checkbox"/> FIELD TRIP AIDES | <input type="checkbox"/> HOLIDAY ACTIVITIES |
| <input type="checkbox"/> AT HOME PROJECTS | <input type="checkbox"/> ON SITE ADMINISTRATIVE /CLASSROOM PROJECTS |
| <input type="checkbox"/> TOY/EQUIPMENT REPAIR | <input type="checkbox"/> BAKED GOODS |
| <input type="checkbox"/> OTHER (Please List) | |

REMARKS: _____

PARENT SIGNATURE

DATE