Millian Methodist Preschool

Personal Data Form

Child's Name_____
First Last

What are your child's favorite indoor and outdoor activities?_____

_____

Does your child have any fears or dislikes?_____

How would you describe your child's personality?_____

_____

Marital Status of Parents: Married_____ Separated_____(how long?) Divorced_____(how long?)

Custody/Visiting Arrangements:_____

Siblings or other members of household (name, relationship, age):_____

_____

Family pets (kind and name):_____

Primary language(s) spoken at home:_____

Church Membership or Family Religious Preference:_____

Will this be your child's first experience away from parents?_____ If no, who else has cared for your child (preschool, day-care, grandparents) _____

What word does your child use for urination:_____ for bowel movements:_____

Does your child have a diagnosed learning disability and IEP or are you concerned about a learning, language or other delay? If yes, please explain_____

_____

Does your child have a diagnosed chronic illness or allergies (asthma, diabetes, seizures, etc?) If yes, please explain_____

_____

Any other information you would like to share so we can best help your child learn and grow?_____

_____