

***PLEASE LIST ANY ALLERGIES:** _____

**BACKGROUND INFORMATION FORM
PRESCHOOL/PREKINDERGARTEN STUDENTS
2011 ~ 2012**

Please complete form and return on parent/student orientation **August 31, 2011**. Thank you.

Child's name: _____ Date of Birth: _____ Sex: _____

Nickname: _____ Home Phone: _____

Cell Phone: _____

Address: _____ E-mail: _____

***Please notify school/teacher if phone numbers or e-mail change.**

Name of Mother: _____ Occupation: _____

Work Phone: _____

Cell Phone: _____

Name of Father: _____ Occupation: _____

Work Phone: _____

Cell Phone: _____

With whom does the child primarily reside with? _____

Custody-Visiting Arrangements: _____

Who cares for the child during non-school hours? _____

Parent _____ Sitter _____ Other (describe) _____

Tell us about your child.

How do you think your child feels about starting school at St. Aloysius?

_____ looking forward to it

Comments: _____

_____ doesn't want to come

_____ indifferent

_____ I do not know how he/she feels

With whom does your child most often play?

Write names and ages of siblings

_____ alone

_____ brothers/sisters

_____ other children: _____ same age

_____ much older (2 years or more)

_____ much younger

_____ adults: Who?

Does your child have any problems with vision or hearing? _____

Does your child have any health problems we should be aware of? _____

Are there any foods or drinks that your child should not have? _____

Do you have any concerns about any aspect of your child's development? _____

Do you feel your child's speech is clear? _____

Can strangers understand when he/she speaks? _____

List any illnesses your child has had: _____

Does your child have frequent colds? _____ Sore throats? _____ Stomach aches? _____

Has your child has any serious accidents or operations? _____

If yes, please explain: _____

Does your child take any regular medications? _____

What does your child enjoy doing with family? _____

What are his/her favorite activities? _____

When alone? _____

With others? _____

Has your child ever experienced an event that was very frightening for them? _____

What? _____

When? _____

Has your child experienced a death in the family? _____

Whose? _____

Does your child accepts correction easily? _____

What is the method of behavior control used in your home? _____

Please circle items below that describe your child

happy	aggressive	friendly	moody	quiet	stubborn
dependent	impulsive	fearful	shy	good-natured	
even-tempered	attentive	sympathetic	sleepy	other: _____	

Comments: _____

Is your child able to be away from you for 2 or 3 hours without becoming upset? _____

Is your child able to express their wants and needs? _____

Does your child have any special concerns regarding their toileting needs? Please explain _____

Does your child have any pets? _____ Kind and name _____

Has your child had group play experiences? _____

Has your child participated in?

_____ music _____ swimming _____ art _____ Gymnastics
_____ Karate _____ skating _____ dancing _____ other _____

Please explain how your child acts when they become angry. _____

What religion does your family practice? _____

Has/does your child attended church services? _____

What hand does your child prefer to use for writing or cutting? _____

What entices you the most about our program? _____

What are your expectations about this program for your child? _____

What are your expectations of this programs teacher? _____

Thank you for your cooperation. You are encouraged to discuss any concerns about your child with the teacher at any time throughout the year.

