

Has your child ever been separated for any length of time from his/her parents? _____

If yes, what was the length of separation and reasoning (vacations, illness, etc.)?

If yes, how did he/she adjust? _____

What is your child's "Usual Bedtime"? _____ "Waking Time"? _____

Does your child take a morning or afternoon nap regularly? _____

If yes, for how long? _____

Is your child usually hungry at meal times? _____

Is there anything unusual about your child's eating habits that we should know? _____

Is your child potty trained? _____ Are they dependable? _____

How do they state their potty needs? _____

Is your child's speech clear to those outside of the family? _____

Does your child have any particular fears? _____

How often does your child play alone? Always _____ Often _____ Seldom _____

How often does your child play with others? Always _____ Often _____ Seldom _____

Are the "playmates": Girls _____ Boys _____ Younger _____ Adults _____

Does your child have an "imaginary friend"? _____

What play materials does he/she use indoors? _____

Is your child currently attending another preschool? _____

If yes, what is the name and location? _____

When you find it necessary to discipline your child, what is your procedure? _____

Who will be transporting your child to our preschool?:

To (with whom): _____

From (with whom): _____

(Signature of Parent)

(Date)