

DATE _____

RCV'D BY _____

BACKGROUND INFORMATION FORM (PRESCHOOL)

Education must address children's health and safety, and we believe that it should also consider children's personal interests and preferences. In addition, it is important for us to understand our students in the context of their families. Please complete this form to help our faculty and administrative staff come to know your child and family more fully.

Student's name _____ Preferred name _____

Address _____ Phone number _____

Birth date _____ Age _____ Sex M F _____

Most recent school attended, if applicable _____

From (mm/yy) _____ To (mm/yy) _____

PARENT/GUARDIAN'S FULL NAME _____ PARENT/GUARDIAN'S FULL NAME _____

OTHER MEMBERS OF THE FAMILY (BROTHERS, SISTERS, GRANDPARENTS, ETC.) LIVING AT HOME

Name	Age	Relationship	Indicate name used by child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note any events in your family life that might contribute to our understanding of your child (e.g. separation, divorce, re-marriage, death or other significant loss, new sibling, recent move)

YOUR CHILD'S PRIOR EDUCATION

Please give a brief description of your child's experience in prior programs including, if applicable, the reason for moving him or her to Sabot at Stony Point.

BEHAVIOR AND DEVELOPMENT

Are there any behavioral or developmental concerns you would like to bring to the attention of the staff?

HEALTH RELATED INFORMATION

Has your child experienced any medical or health issues that might have a bearing on his/her development during the preschool years (e.g. premature birth, early intervention services, OT, PT, speech therapy)?

Are there any foods that your child may not or cannot eat? Please list and specify the reason for this restriction (allergies, other health conditions, religious custom, parent preference).

Please list all known allergies and precautions or treatments that may be necessary during school hours.

Will/might your child require emergency medications (oral or topical) while at school? Yes No
(If yes, please note that we will provide additional paperwork related to medication administration.)

YOUR CHILD'S INTERESTS AND ACTIVITIES

Does your child enjoy reading or being read to?

Favorite authors or types of reading material?

What are some of your child's other interests and preferred activities (e.g. nature, outdoor play, organized sports, working with models or building, mechanics, animals, other sciences, music, dance or movement, drama/dramatic play)?

Does your child enjoy/engage in "screen time" (television/movies, video games, computer games, web surfing)?
Approximately how much time per day does this involve?

Will your child be involved in any classes, programs, or other organized activities during the course of the school year?
(Please list.)

Are languages other than English spoken regularly in the home?
