

DUE DATE: August 1, 2017

WESTLAKE UNITED METHODIST PRESCHOOL
1460 RED BUD TRAIL
AUSTIN, TEXAS 78746
512-327-1337
FAX 512-327-2842

PERSONAL INFORMATION FORM

*****Personal Information forms are kept in files located in the Preschool office.
Contents of children's files are maintained in a confidential manner and are available to
administration and teachers only.***

CHILD INFORMATION: (Please print) DATE OF ADMISSION: _____

Name _____ Name Child Goes by: _____

Date of Birth: _____ Age: _____ Gender _____

FAMILY AND SOCIAL HISTORY

Marital Status of Parents: ____ Married ____ Divorced ____ Separated ____ Other

If separated or divorced: Custody/Visiting Arrangements: _____

Child lives with: ____ Both Parents ____ Mother ____ Father ____ Other

Has anyone besides parents had a substantial part in child rearing? *If yes, please describe*

Brothers and Sisters of Child:

Name _____ Date of Birth _____ School Grade _____

Name _____ Date of Birth _____ School Grade _____

Name _____ Date of Birth _____ School Grade _____

Name _____ Date of Birth _____ School Grade _____

Has your child had a previous school experience? ____ If so, where? _____

What cultural, religious or ethnic traditions are being practiced in your households? _____

Are there traditions you would be willing to share? _____

Sleep habits: Bedtime? _____ Awaken? _____ Sleep well at night? _____

Does your child sleep in his/her own bed? _____

Can child indicate bathroom wishes? ____ Any problems or fears with toileting? _____

Explain: _____

Favorite toys and activities at home? _____

Does your child have neighborhood playmates? ____ Age group? ____ Gender? ____

DEVELOPMENTAL HISTORY OF CHILD

Maternal health during pregnancy? _____

Delivery and Neonatal period: Full term _____ Premature _____ Birth weight: _____

Is child adopted? _____ If so, at what age? _____

Were there any feeding difficulties? _____ Any food allergies? _____

At what age did this child sit alone? _____ Crawl freely? _____ Walk alone? _____

Name simple objects? _____ Any unique characteristics about speech now? _____

Does child feed self? _____ Dress self? _____ Undress self? _____

Does this child have any sight or hearing problems? _____

Does this child appear to be oversensitive to certain stimuli? (touch, sound, etc.) _____

Has child ever been evaluated for any type of physical or developmental needs? _____

Please explain: _____

Has child ever received any type of therapy? _____ What kind? _____

EMOTIONS AND BEHAVIOR

How would you describe your child's personality? _____

Does your child have special fears? _____ Please describe _____

What makes your child mad or upset? _____

Does your child have any nervous habits? _____

What makes your child content? _____

Effective discipline methods used at home? _____

Any special characteristics of your child of which the teacher should be aware?

- Physical _____
- Social _____
- Emotional _____

What are the most important do's and don'ts in your family for children of this age? _____

Are there any special issues that you would like your child's teachers to observe and address

Is there any help our program can offer? _____

Thank you for helping us to know your child better.