

School Year _____

Edgewood Preschool Cooperative CHILD and FAMILY INFORMATION



Edgewood Preschool Cooperative
4040 E. Thompson Road
Indianapolis, IN 46237

Child's Name _____ He/She likes to be called... _____ Birth Date _____

Parent #1 Name _____ Occupation _____ Best time to reach _____

Parent #2 Name _____ Occupation _____ Best time to reach _____

Name and Ages of Brothers _____ Name and Ages of Sisters _____ Name and Types of Pets _____

Print your child's name as you would like it to be on his/her nametag (this will be the name he/she will learn to read and write): _____

Has your child ever been in a play group or other school situation? Please describe. _____

Does your child have any special needs (i.e. physical, developmental, learning, emotional, speech & language, etc.) the program should be aware of? _____

Bedtime _____ Get up at _____ Nap time/length _____ Is your child toilet-trained? _____
Is your child right handed or left handed? _____

Please circle all that apply

Does your child...

cry easily	have temper tantrums	have a short attention span	follow directions
prefer to play alone	play with other children	enjoy books	speaks limited English
speaks another language	cut	use crayons/markers	write his/her name
have any fears	Explain: _____		

“Play” Information:
Types of play activities your child enjoys: _____
Favorite toys: _____
Frequency of play with children other than siblings (please give ages of playmates): _____
Favorite TV shows: _____
Things you like to do as a family _____
Do you read to your child? _____
How often (please circle)? Daily Weekly Rarely

Medical Information:
Has your child had any serious illness, operations, hospital experiences, or medical conditions? _____
Does your child take any medications? _____
Does your child have any allergies? _____
Has your child had the chicken pox? _____
Are there any foods you do not want your child to eat? _____
Are there any other medical problems the teacher should be aware of in your child? _____

Describe how your child reacts when something frustrates or disappoints him or her. _____

Are there areas where you think the teacher could give guidance or support to your child? _____

What do you want your child to gain from his/her experience? _____

Please write any other information on the back of this paper you think would be helpful for the teacher in understanding and working with your child.
THANKS!!!!