

WINDSOR CHRISTIAN PRESCHOOL
Personal History

Child's Name _____ Goes by _____

Date of Birth _____ M / F (circle) Primary language spoken at home _____

CLASS LIST INFORMATION: (Please list information as you would like for it to appear on your child's class list which is distributed to the other families in the class only. We are able to include just one email address and one cell phone on the list. Any additional numbers will be kept on file by your child's teacher and the preschool office.)

Address _____

Home phone _____ Cell phone _____

E-mail address (Please print clearly) _____

Mother's name (goes by) _____ Father's name (goes by) _____

Names and ages of other children in the family _____

Mother's occupation _____ Father's occupation _____

Are there any unusual factors in your child's life such as, absence of father or mother, adoption, serious illness, new baby, etc.? _____

What tends to be your child's preference at play? Alone With others Equally content

How does your child adjust to making friends? Hesitant Eager

What are your child's fears? _____

What activities does your child enjoy doing most? _____

What are your child's favorite toys? _____

How does your child adjust to being separated from you? With difficulty With reluctance With ease

How would you describe your child's attitude toward coming to preschool?

Eager Reluctant Frightened

What do you think your child's biggest adjustment will be coming to preschool? _____

Is there anything else you would like us to know about your child? _____

General physical condition of your child at present time _____

Is there any concern or problem that might limit your child's full participation in the school program? _____