

**Stonebriar Preschool Pals
Child and Family Information
2018-2019**

Other Children in Family

1. Name _____ Age _____

Name of School _____

2. Name _____ Age _____

Name of School _____

Others Living in the Home (include age & relationship to child)

Those Caring for Child (who has cared for your child other than parent[s])?

Church Affiliation

Name of church currently attending _____

Attending: Weekly Monthly Occasionally
(circle one)

We do not attend church _____

Language

What is the primary language spoken at home? _____

Is a second language spoken around the child? YES _____ NO _____ If yes, what language? _____

Sleeping Habits

Time child usually goes to bed at night: _____ Wakes up: _____

Does child sleep well? YES _____ NO _____ If no, explain: _____

Eating Habits

Time child usually eats: Breakfast _____ a.m. Lunch _____ Dinner _____ p.m.

Dressing Habits

Does child: Dress self? YES ____ NO ____ Undress self? YES ____ NO ____

Toiletry Information

Word child hears/uses for: Urination _____

Bowel Movements _____

Social Information

Describe your child's personality: _____

How does child relate to siblings and/or other children? _____

What are child's favorite:

Indoor play activities? _____

Outdoor play activities? _____

Parent/child activities? _____

Disciplinary Information

List the ways your child expresses anger: _____

Describe any fear your child has? _____

Method of discipline used in child's home: _____

What is child's usual reaction to the discipline? _____