



Fullerton First United Methodist Church Preschool

Child's Name _____

Nickname _____ Birthdate _____

Sibling's Name & Age _____

What are separations/transitions like for your child? _____

Favorite play materials and activities _____

What is mealtime like in your home? _____

Does your child play with other children outside your family? _____

Explain _____

How does your child tell you when he/she is upset, scared, angry or unhappy? _____

What seems to comfort him/her? _____

What qualities do you enjoy in your child? _____

What qualities "bug" you in your child? _____

How do you set limits with your child? _____

What things do you expect your child to do all by himself? _____

How does your child express his/her anger constructively? _____

What seems to help your child re-direct his/her aggression to constructive outlets? _____

Indicate any of the following that apply to your child: Allergies _____

Fears _____ Shyness _____ Hyperactivity _____

Other _____

Has your child had any serious illness, accident, or operation? _____ If so, please explain

Was your child premature? _____ How early? _____

How much time does your child spend watching television per day? _____

What does he/she watch? _____

Tell us about current sleeping patterns (where, when, how long). What's a normal bedtime for your child? _____

Has your child participated in any other organized group activities? _____ If so, please explain _____

What goals do you have for your child this school year? _____
