

Discovery Preschool Data Form

Information about the Child:

First Name _____ Last Name _____

Middle Name _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

Nickname to be used in preschool: _____

Address: _____

Language spoken at home: _____

Ethnicity: _____

Child's Physician _____ Phone: _____

Child's Dentist _____ Phone: _____

Chronic/recurring health conditions: _____

Special Services child receives (like speech, physical therapy, occupational therapy, or other help from a specialist):

Person/s to be called in an emergency if parents can not be reached (do not list yourselves):

Name of Individual	Relationship	Home Telephone	Cell/Work Telephone
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*******If Discovery Preschool is unable to reach the parents,
I give permission for Discovery personnel to use the services of
Mountain Lake Ambulance, Mountain Lake Medical Clinic and/or the Windom Hospital.**

** _____
Signature of parent

** _____
Date

Person/s **bringing child to** Preschool: _____

Person/s **picking up child after** Preschool: _____

Person/s financially responsible for child: _____

OVER

Left handed _____ Right handed _____ No preference _____

Favorite play activities _____

Favorite toy/s _____

Special interests (ex. bugs, books, dolls, tractors, weather) _____

Was child born premature? _____ Any remaining developmental delays _____

Is child toilet trained? _____ Does child **say** when they need to use the bathroom? _____

Toileting difficulties, if any _____

Food likes/dislikes and eating habits: _____

Sleep habits: regular bedtime _____ p.m. Napping _____

SOCIAL HABITS

Has your child had previous group experience? _____ Where? _____

Does your child have neighborhood playmates? _____

Describe how your child gets along with other children: _____

Social behavior (circle all that apply): shy friendly cautious outgoing quiet talkative timid introverted
leader follower polite shares easily compassionate worker cooperative participates
teases good helper pays attention easily distracted listens well silly tattler aloof
selfish "hoarder" detail oriented reluctant repetitive routine oriented independent
short attention concentrates well creative imaginative "bossy"

Emotional Behavior: Characteristic Behavior (Circle all that apply):

Calm	Excitable	Easily angered	Whining	Crying
Quiet	Independent	Active	Cheerful	Fights often
Gives in easily	Wants own way	Temper tantrums	Defiant	Sensitive
Determined	Oppositional	Even tempered	Persistent	Quick changes
Easily frustrated	Gives up quickly	Easy going	Serious	Resistant

Other: _____

What fears or phobias, if any, does the child show? _____

Other information or comments? _____

Information about the Parents:

FATHER: _____

Address (if different than child's):

Home Telephone: _____

Cell Phone: _____

email: _____

**Date of Birth: _____

Place of employment: _____

Work Telephone: _____

MOTHER: _____

Address (if different than child's):

Home Telephone: _____

Cell Phone: _____

email: _____

**Date of Birth: _____

Place of employment: _____

Work Telephone: _____

*****Please "star" preferred first method for teacher to contact you from above.**

The phone number marked will also be the one used for the JMC School System alerts.

Other people allowed to pick up child:

People **NEVER Allowed** to pick up child:

Home Environment:

Please list any **adults, other than parents,** who are living in the home:

Adult's Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Name and ages of **other children** in the home:

Child's Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

(TOTAL number of people in the household: _____)

OVER

Methods of **discipline** used at home _____

Adult expectations of children (for example - at mealtime, in public, around adults, helping at home, self care, around other children, at special events, with company at home, use of manners, dealing with problems, following rules, following directions, listening, talking, etc.): _____

Any **home situations** that may affect behavior at school (like new baby, job changes/hours, family illness/death, moving, family stress, one-parent home, etc.): _____

Parental understanding of this child (strengths and weaknesses, how they respond to various situations, anything else that will help the teacher in planning for this child):
