

# GENERAL INFORMATION

## Trietsch Enrichment Center 2019-20

Child's Name: \_\_\_\_\_ DOB : \_\_\_\_\_ Boy or Girl Birthplace: \_\_\_\_\_

**Name to be used for cubbies and written recognition activities** \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation: \_\_\_\_\_

Child's siblings: (names & ages) \_\_\_\_\_

Family pets: (kind & name): \_\_\_\_\_

How would you describe your child's personality: \_\_\_\_\_

Your child's attention span is: Short \_\_\_ Average \_\_\_ Long \_\_\_

Your child's activity level is: Very active \_\_\_\_\_ Average \_\_\_\_\_ Calm \_\_\_\_\_

List other group experiences (Sunday school, play groups, etc.) your child participates in? \_\_\_\_\_

Other than siblings, does he/she have playmates? \_\_\_\_\_ Younger or older? \_\_\_\_\_

Is your child a *small moderate substantial* eater? Favorite foods: \_\_\_\_\_

Have you recently moved? \_\_\_\_\_ Prior home: \_\_\_\_\_

Has your child been seriously ill/ hospitalized since birth, experienced the death of a significant family member since birth, or has a member of your immediate family been seriously ill/hospitalized recently?

Does your child have any habits that it would be helpful for us to know? (Thumb sucking, nail biting, attachment to a blanket, etc.)

Does your child wear diapers? \_\_\_\_\_ Permission to change wet or soiled diapers or assist during potty training \_\_\_\_\_  
(Please do not send your child in pull-ups. Diapers or underwear only.)

Does your child need assistance with toileting? Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Never \_\_\_\_\_  
(All 3 year old children need to be completely toilet trained. 4 year olds and older should be able to toilet independently)

Permission to assist with clean up after toileting if necessary and/or child requested: (*circle one*) YES NO

Is your child's speech easily understood? \_\_\_\_\_ Is your child's participating in speech therapy? \_\_\_\_\_

Is your child participating in any other types of therapy? (PT, OT, Play therapy, etc.) \_\_\_\_\_

Is your child showing preference for right or left hand in grasping/coloring/writing?

What are your child's favorite activities, toys, etc.?

What do you hope your child will gain by attending the preschool program this year?

Please list any special skills, family customs or interesting hobbies that you would be willing to share with the children:

Briefly describe academic and motor skills that your child has mastered: (Example; ties shoes, skips hops, recognizes letters, is a beginning reader, knows colors, counts from 1 to 10, etc.)

Please give any other information that you think may be helpful for us to know:

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_