

SCHICK'S CROSSING PRESCHOOL

Participant Information Form

Child's Full Name: _____ Date of Birth: _____

Preferred Nickname: _____ Gender: _____

Family Information

Parent Marital Status: Married Separated Divorced Widowed Single

Name of Father/Male Legal Guardian: _____

Name of Mother/Female Legal Guardian: _____

Siblings and Ages: _____

Other important people in child's life who s/he might talk about: _____

Child Information

Child is: Potty Trained In process of potty training Still in diapers

Does child need help with toileting/dressing? Yes No Sometimes

Does child have any fears (bugs, animals, dark, etc.)? _____

Does child have any favorite toys? _____

Does child have any strong likes or dislikes?

Likes: _____

Dislikes: _____

What soothes your child when upset? _____

Has child been in a large group environment before without a parent? Yes No

Any other information that we should be aware of: _____

Signature of Parent/Legal Guardian

Date