

schick's crossing

P R E S C H O O L

PARTICIPANT INFORMATION FORM

CHILD'S INFORMATION

CHILD'S NAME:	BIRTHDATE:
PREFERRED NCKNAME:	GENDER: M F

FAMILY INFORMATION

PARENT/GUARDIAN MARITAL STATUS:	MARRIED	SEPARATED	DIVORCED	WIDOWED	SINGLE	OTHER
PARENT/GUARDIAN/ NAME:						
PARENT/GUARDIAN NAME:						
NAMES AND AGES OF SIBLINGS:						
OTHER IMPORTANT PEOPLE IN CHILD'S LIFE THEY MAY TALK ABOUT:						

SOCIAL/EMOTIONAL/DEVELOPMENTAL INFORMATION

CHILD IS:	POTTY TRAINED	IN THE PROCESS OF POTTY TRAINING		
IS YOUR CHILD TOILET INDEPENDENT AT THE TIME OF REGISTRATION?	YES	NO		
DOES CHILD HAVE ANY FEARS (BUGS, ANIMALS, DARK, ETC.)?				
DOES CHILD HAVE ANY FAVORITE TOYS?				
DOES CHILD HAVE ANY STRONG LIKES OR DISLIKES?				
WHAT SOOTHES YOUR CHILD WHEN UPSET?				
HAS CHILD BEEN IN A LARGE GROUP ENVIRONMENT BEFORE WITHOUT A PARENT?	YES	NO		
IS CHILD RECEIVING:	SPEECH THERAPY	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	OTHER
ANY OTHER INFORMATION WE SHOULD BE AWARE OF?				

PARENT/GUARDIAN SIGNATURE:	DATE:
-----------------------------------	-------

PLEASE USE THE BACK SIDE OF THIS PAGE TO ELABORATE IF NECESSARY