

**FUN SHIP CHILDREN'S CENTER
HAWTHORNE CA 90250**

**STATE PRESCHOOL PROGRAM
CHILD/FAMILY INFORMATION**

Family Information

Child's Name: _____ Birth Date: _____ Sex: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Child Information

Has your child ever attended another preschool or daycare program?

Describe your child's personality

Does your child have any special problems/fears/needs?

Does your child have any special interests, hobbies, activities or favorite toys?

Has your child had experience in group play?

Have any changes occurred in the child's family life; moved, parent separation, death in the family, new baby, etc.?

How does your family discipline at home?

Do you and your child read together? Favorite story?

What are your expectations of your child's growth while participating in our preschool program?

What specific months and dates does your family celebrate or practice a tradition or holiday that we could implement into the classroom curriculum?

Are there any traditions or holiday activities in which you would not want your child to participate?

Daily Routines

What time does your child get up? _____ What time does your child go to bed? _____

Does your child sleep during the day? _____ If yes, when: _____ For how long _____

Diet Pattern: What does your child usually eat for these meals?

Breakfast: _____ Lunch: _____ Dinner: _____

What are usual eating times? Breakfast _____ Lunch _____ Dinner _____

Word used for Bowel Movement? _____ Word used for Urination? _____