

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
GUARDIAN/ MOM'S NAME:						
GUARDIAN/ DAD'S 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	STILL IN DIAPERS
CHILD NEEDS 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?			
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 SIGNATURE:	DATE:
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PLEASE USE THE BACK SIDE OF THIS PAGE TO ELABORATE IF NECESSARY