

Child's Personal Data Form

Name _____ Birthdate _____
(use name child will use at school)

ALLERGIES: _____

Is your child enrolled in any other school while attending Heritage? _____ Where? _____

Has your child attended preschool previously? _____ Where? _____

What you like your child to gain from his/her experience at Heritage? _____

Has your child had an opportunity to play with other children of a similar age? ___ Often? _____

Does your child regularly take a nap? _____ Dress self? _____

How does your child react in an unfamiliar situation? _____

What have you found to be the most effective way of disciplining your child? _____

What would you consider an area that needs developing in your child? _____

Does your child have any specific fears? _____

Does your child enjoy books? _____ How often do you read to your child? _____

What are your child's favorite television shows? _____

Does your child regularly attend Sunday school? _____

What does your child's father do in his job? _____

What does your child's mother do in her job? _____

Does your child use any particular words (especially for toileting) that we may need to know? _____

From the following list please circle those activities your child participates in at home. Indicate with 1, 2, 3 the favorite activities.

- | | |
|----------------------------------|-------------------------|
| Painting | play dough |
| Using glue | using scissors |
| Puzzles | blocks |
| Dolls | trucks |
| Small building units (like lego) | woodworking with parent |
| Runs, climbs, rides bike often | visiting library |
| Workbooks (ABC's, numbers) | swimming |
| Using markers/crayons | other _____ |

Are both parents residing in the home with the child? _____

Please list ALL members of the household in which your child is living. Add the names of family pets too!

Name	Relationship to child	Age (children)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any special skills, interests or talents that you would be willing to share with the children or the staff? _____

Would you be willing to be a classroom volunteer? _____

THANK YOU!