

### Child's Personal Data Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(use name child will use at school)

**ALLERGIES OR SPECIAL DIETARY ISSUES:** \_\_\_\_\_

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? \_\_\_\_\_

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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  
Using glue

Puzzles

Dolls

Small building units (like lego)

Runs, climbs, rides bike often

Workbooks (ABC's, numbers)

Using markers/crayons

play dough

using scissors

blocks

trucks

woodworking with parent

visiting library

swimming

other \_\_\_\_\_

Are both parents residing in the home with the child? \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

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!