

Charter Oak Cooperative Preschool

General Information

Names & ages of siblings: _____

Other people living in the home: _____

Are there any special things we should to know about your child? _____

Favorite toys or activities: _____

Previous Group Experience: _____

Have you or your child participated in a preschool before? _____

Physical History

Child's Doctor: _____ Phone _____ Address _____

Date of last check-up _____

Allergies: _____

Serious accidents, illnesses, operations (age): _____

Speech, hearing or vision impairments/difficulties: _____

Toileting difficulties: _____

Characteristic Behavior

Does your child tire easily? Rarely _____ Sometimes _____ Often _____ When? _____

Fears (history and manifestation)? _____

Does anything about your child's behavior worry you? _____

Goals

What I hope to gain for my child from their preschool experience: _____

What I hope to gain for myself at: _____

Topic(s) I'd like discussed at parent meetings: _____