

Village Valley Preschool

Preschool Admission/ Registration Form

Child's Name _____ Birthday _____
Last First Day Month Year

Personal History

Type of birth: Normal Premature; any complications? _____
Does the child: Crawl? Has the child begun talking? Yes No
Does the child speak: words? Walk?
What language English Sentences?
 Spanish Other _____

Health

What arrangements can you make for child's care during illnesses?

What communicable diseases has your child had? Measles (Big Red) Measles (3 day)
 Mumps Chicken Pox Whooping Cough Other? _____
Any serious illness or hospitalization? Yes No: _____

Any physical disabilities? Yes No: _____
Any known allergies? (Asthma, Hay Fever?) Yes No: _____
Are there medications given regularly? Yes No: _____

Toilet Habits

Can the child be relied upon to indicate his/her bathroom wishes? Yes No
Does your child frequent toilet accidents? Yes No How does your child react to them?

Sleeping Habits

What time does your child go to bed? _____ Awaken? _____
What is the child's mood on awakening? _____
Does your child nap? In the morning? In the afternoon?
Give you child's nap schedule _____

Social Relationships

Does your child spend time with both parents? Yes No

If parents are separated, how often does your child see the absent parent?

Has your child had experiences in playing with other children? Yes No

By nature is your child: Friendly? Aggressive? Shy? Withdrawn?

Do you feel your child adjusts easily to a child situation? Yes No

Does your child enjoy being alone? Yes No

How does your child relate to strangers? _____

What makes your child angry or upset? _____

How does your child show his/her feelings? _____

Who does most of the discipline? _____

Has your child ever been in a preschool/child care environment? Yes No

What was their experience? _____

What do you find is the best way of handling your child?

Is your child frighten by any of the following: Animals? Dark? Storms? Loud noises?
 Other? _____

In what particular way can we help your child? (please use as much space as necessary)

Parent/Guardian Signature _____

Date: _____

Parent/Guardian (Print) _____