

**Our Father's House Preschool – General Information Form**

Child's full name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please circle: male/female    left/right handed    Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Father's/Guardian's name: \_\_\_\_\_

Mother's/Guardian's name: \_\_\_\_\_

Name you prefer he/she be called and learn to write: \_\_\_\_\_

Any medical concerns or physical limitations? \_\_\_\_\_

\_\_\_\_\_

Has he/she been hospitalized? Why? \_\_\_\_\_

\_\_\_\_\_

Does he/she have any food allergies or any other eating problems? Is he/she a fussy eater? \_\_\_\_\_

How does he/she spend the day? \_\_\_\_\_

What does your child do when he/she is frustrated? \_\_\_\_\_

What do *you* do when he/she is frustrated? \_\_\_\_\_

What are his/her fears? \_\_\_\_\_

What does he/she like to do? \_\_\_\_\_

What does he/she dislike doing? \_\_\_\_\_

List the names, ages and gender of other children/adults living in the family/household:

\_\_\_\_\_

\_\_\_\_\_

List pets – name and type: \_\_\_\_\_

\_\_\_\_\_

Please use the back of this page to list any other information you feel we should know about your child or any major changes your family has recently undergone.