



# Kindergarten Child Information Form

Child Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Name and age of brother(s): \_\_\_\_\_  
Name and age of sister(s): \_\_\_\_\_

Has your child been cared for by anyone other than a parent?  Yes  No  
Has your child previously attended a daycare center?  Yes  No  
Does your child use the restroom independently?  Yes  No  
Does your child need help dressing or undressing?  Yes  No  
Does your child take a nap?  Yes  No  
Does your child have any special fears? If so, what:  Yes  No  
Comments: \_\_\_\_\_  
Does your child require any special medical care?  Yes  No  
Comments: \_\_\_\_\_  
Does your child have any allergies? If so, to what?  Yes  No  
Comments: \_\_\_\_\_  
Does your child have a history of physical impairment?  Yes  No  
 Visual impairment  Speech problem  Hearing impairment  
Comments: \_\_\_\_\_  
Current prescribed medications: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Play Experiences

Favorite games: \_\_\_\_\_ Favorite toys: \_\_\_\_\_  
Outdoors: \_\_\_\_\_ With other children: \_\_\_\_\_  
Books: \_\_\_\_\_ Favorite TV show: \_\_\_\_\_

## Special Information

How would you describe your child's temperament? \_\_\_\_\_  
\_\_\_\_\_  
What method of discipline is used at home? \_\_\_\_\_  
\_\_\_\_\_  
Any other information we need to know: \_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_