



# Fullerton First United Methodist Church Preschool

Child's Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

Sibling's Name & Age \_\_\_\_\_

What are separations/transitions like for your child? \_\_\_\_\_

\_\_\_\_\_

Favorite play materials and activities \_\_\_\_\_

\_\_\_\_\_

What is mealtime like in your home? \_\_\_\_\_

\_\_\_\_\_

Does your child play with other children outside your family? \_\_\_\_\_

Explain \_\_\_\_\_

How does your child tell you when he/she is upset, scared, angry or unhappy? \_\_\_\_\_

\_\_\_\_\_

What seems to comfort him/her? \_\_\_\_\_

\_\_\_\_\_

What qualities do you enjoy in your child? \_\_\_\_\_

\_\_\_\_\_

What qualities "bug" you in your child? \_\_\_\_\_

\_\_\_\_\_

How do you set limits with your child? \_\_\_\_\_

\_\_\_\_\_

What things do you expect your child to do all by himself? \_\_\_\_\_

\_\_\_\_\_

How does your child express his/her anger constructively? \_\_\_\_\_

\_\_\_\_\_

What seems to help your child re-direct his/her aggression to constructive outlets? \_\_\_\_\_

\_\_\_\_\_

Indicate any of the following that apply to your child: Allergies \_\_\_\_\_

Fears \_\_\_\_\_ Shyness \_\_\_\_\_ Hyperactivity \_\_\_\_\_

Other \_\_\_\_\_

Has your child had any serious illness, accident, or operation? \_\_\_\_\_ If so, please explain

\_\_\_\_\_

Was your child premature? \_\_\_\_\_ How early? \_\_\_\_\_

How much time does your child spend watching television per day? \_\_\_\_\_

What does he/she watch? \_\_\_\_\_

Tell us about current sleeping patterns (where, when, how long). What's a normal bedtime for your child? \_\_\_\_\_

\_\_\_\_\_

Has your child participated in any other organized group activities? \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

What goals do you have for your child this school year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_