

2015-2016 JCCGW Preschool  
Family Information Form

**Please complete the following information:**

<b>Child's First Name</b>	<b>Child's Last Name</b>	
Date of Birth (M/D/Y)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		
City	State	Zip
Primary Phone		

<b>Parent 1 Name</b>	
Email Address	Occupation
<b>Parent 2 Name</b>	
Email Address	Occupation

<b>Siblings</b>		
Name	DOB	School
1.		
2.		
3.		

1. What is your special talent, skill or hobby you can share with the children?  
\_\_\_\_\_

2. Are there others living in the household?  Yes  No  
If yes, relationship to child:  
\_\_\_\_\_

3. Language(s) other than English spoken in home?  Yes  No  
If yes, which languages?  
\_\_\_\_\_

4. Does your child have any allergies?  Yes  No  
If yes, please list/describe any airborne allergies your child has:  
\_\_\_\_\_

*Please also submit the Allergy Protocol form if needed.*

5. Is this your child's first nursery school experience?  Yes  No  
If no, list schools and camps:  
\_\_\_\_\_

6. Is your child toilet trained?  Yes  No

7. Does your child need to be reminded to use the toilet?  Yes  No

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8. Does your child have any special needs or learning issues that you are aware of?  Yes  No  
Has your child had any formal testing?  Yes  No

Please describe:

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9. What are your child's interests?

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10. Describe your child's strengths

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11. What would you like your child to gain from their preschool experience?

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12. Is there anything else that you would like us to know about your child that would help us to better understand her or him?

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