

Messiah Lutheran Preschool

324 Howard Street

South Williamsport, PA 17702

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Child Background Information

Child's Name: _____

Child's Nickname (if different from above): _____

Mother's Name: _____ Father's Name: _____

Child's Date of Birth: _____ Email: _____

Please read and answer the following questions:

- Has your child ever attended preschool or daycare? **Yes** or **No**

- If yes, please indicate what preschool or daycare program.

- Does your child have any siblings? **Yes** or **No**

- If yes, please specify the siblings name, age, and grade level.

- Has your child received any intervention services for ...

- Academics **Yes** or **No**

- Speech **Yes** or **No**

- Behavior **Yes** or **No**

- If yes, please specify the provider for the services.

- Does your child have any behavioral or medical conditions that might interfere with learning? **Yes** or **No**

- If yes, please specify.

- How often do you read to your child, on average, in a week? _____

- On average, how much time in a day does your child watch TV? _____

- On average, how much screen time does your child have each day? _____

- My child enjoys these activities (circle up to five):

playing with puzzles	building with blocks	playing outside
watching television	coloring	imaginative play
listening to stories	playing video games	looking at books
using scissors and glue	painting	Other: _____

- Please rate your child on the following statements:

Never – Rarely- Sometimes – Frequently

- | | |
|--|----------------------|
| <input type="radio"/> Is always “on the go” | N - R - S - F |
| <input type="radio"/> Likes things done in a certain way | N - R - S - F |
| <input type="radio"/> Careful listener | N - R - S - F |
| <input type="radio"/> Has temper tantrums | N - R - S - F |
| <input type="radio"/> Difficulty taking turns/waiting in line | N - R - S - F |
| <input type="radio"/> Can follow one or two step directions when given | N - R - S - F |
| <input type="radio"/> Separates easily from parent | N - R - S - F |
| <input type="radio"/> Gets frustrated when doesn’t get his/her own way | N - R - S - F |
| <input type="radio"/> Plays well with others | N - R - S - F |
| <input type="radio"/> Works well independently | N - R - S - F |
| <input type="radio"/> Can sit and listen to a story | N - R - S - F |
| <input type="radio"/> Participates in family routines | N - R - S - F |
| <input type="radio"/> Is timid or easily frightened | N - R - S - F |
| <input type="radio"/> Can use the bathroom independently | N - R - S - F |

Is there anything else that you would like to tell us about your child?

Thank you for your time and cooperation in completing this form. Please know that this information is very beneficial to all the teachers involved in helping your child to be successful at preschool.

Parent Signature

Date