

BROOKHAVEN COUNTRY PRESCHOOL

LONG ISLAND AVE., YAPHANK, N.Y. 11980

(631) 924-4033 FAX: (631) 924-4416

PRESCHOOL

BACKGROUND INFORMATION FORM

Date _____

Child's Full Name _____

Child's Nickname (if any) _____

Date of Birth: _____ Sex: _____

Child's Home Address _____

_____ Phone# _____

Parent or Guardian Information

Father's Name _____ Phone# _____

Father's Address _____

Place of Employment _____

Father's Occupation _____ Phone# _____

Mother's Name _____ Phone# _____

Mother's Address _____

Place of Employment _____

Mother's Occupation _____ Phone# _____

Family Information

Siblings _____

Please list any other persons living with the child & their relationship (if any) _____

PERSONAL INFORMATION

Please fill out this form as thoroughly as you can. It will help us to get to know your child more quickly, work with him more effectively, and help him derive the greatest rewards and satisfaction from his time at Brookhaven Country Preschool.

Does your child understand and speak English?

Does your child understand and/or speak any other language?

If so, what language(s)? _____

Would you like to share any additional information about your family that will help us understand your culture and traditions?

Has the child had previous group or childcare experience? _____

If so, where and when?

Does your child need help dressing? _____ What words does your child use for toileting?

Does your child have any special fears we should be aware of ?

Any special dislikes? _____

Does your child enjoy outside play? _____

Does your child have any special needs ? _____

Special Services _____

Speech difficulties _____ Any other difficulties _____

If you answered yes to any of the above, please describe your child's condition and any services your child is receiving or has received (including dates)

Does your child have any food allergies?

Are there any special food or eating instructions?

Does child have any bowel or bladder irregularities?

Are there medical problems that we should be aware of?

If your child is full day, are there any special napping instructions?

Please describe any other physical, behavioral or emotional factors relating to your child that you feel we should know in order to more effectively understand him/her and to better meet his needs:

Any additional information such as discipline, child's communication, comforting, and so on?
