

_____Timidity

_____Separation anxiety

Please explain: _____

10. Has your child had previous school experience: _____Yes _____No

11. Using just three words, describe your child _____

12. Does your child have regular responsibilities at home? Please list below.

13. Can your child tie his/her own shoes? _____
Button his/her clothes? _____

14. Is your child right-handed or left-handed? _____

15. How do you feel your child gets along with other children?

16. Does he/she have many playmates? _____ Underline:
older younger same age same sex opposite sex

17. What are some of your child's favorite activities and interests?

18. What is your child's least favorite activity?

19. Does someone in the family read to your child regularly? (At least three times a week.)

20. What are some social activities that your family enjoys?

21. What name do you wish your child to learn to print?

22. What special help would you like your child to receive in school?

23. How would you describe your child's disposition?

24. When your child has misbehaved, how do you discipline him/her?

25. How does he/she react to your discipline?

26. If both parents work, what arrangements are made for the child's care?

27. Please explain if either parent is gone for long periods of time.

28. Has your child received outside lessons or other group experiences (i.e.: music, dancing, swimming, or exercise)?

29. Do you consider your child's coordination to be average, above average, or below average? _____

30. Is there anything else you think we should know to help us better meet your child's needs? (i.e.: custody issues, child adopted, any specific concerns?)

Completed by: _____

Date: _____

Relationship to the child _____

[---Emergency Card](#)

[-----Emergency Information and Immunization](#)

[----Emergency Contact](#)

Our Lady of Joy Catholic Preschool & Kindergarten

Emergency Contact Card #1

Child's Full Name: _____ DOB: _____

Street Address: _____

Mother's Name: _____

Phone Number: () _____ Email: _____

_____ Phone Number: () _____

Father's Name: _____

Phone Number: () _____ Email: _____

_____ Phone Number: () _____

Allergies to Medications and/or Any Medication Taken Daily:

Allergies:

Medications:

List any medical conditions of which medical personnel should be aware:

Child's Doctor: _____ Phone Number:
