



What is your child's previous school experience? \_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_  
\_\_\_\_\_

Has your child established a hand preference? \_\_\_ Right \_\_\_ left \_\_\_

Has your child expressed any fears? \_\_\_\_\_ What? \_\_\_\_\_

Is there any reason your child cannot participate in normal preschool activities? \_\_\_\_\_  
\_\_\_\_\_

Please share with us any other information that you feel is pertinent to the staff providing the most appropriate program and guidance for your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please fill in the above form and turn in to the Preschool office.*