

Wahiawa Baptist Preschool

Student General Information Form

Student's Name: _____

Class: _____ Today's Date _____

HEALTH:

1. Condition of your child's general health _____
2. Has your child had any serious illnesses or birth defects? _____
Explain: _____
3. Does your child have any known or suspected allergies? _____
Reaction? _____
Treatment? _____
Medication? _____
4. Does your child have any special needs or problems? _____
Fears? _____ Nail biting? _____ Thumb sucking? _____
Other? _____

EATING:

1. Does your child have a good appetite? _____
2. Does your child have any food allergies? _____
Reaction? _____
Treatment? _____
Medication? _____
Do understand we do not administer any medications, but epi-pen is an exception school will notify you when we will administer shot.
3. Does your child have any eating problems? _____
4. How often does the family eat together? _____
5. **WBP has my consent to post my child's name on the list, next to the snack menu, of children with food allergies. I understand this list is used only by the staff of WBP. The list is on the door of the food cabinet.**

Signature: _____ Date: _____

HABITS:

1. What is used to sooth your child to sleep? _____
Comfort object? Rubbing back? Etc.? _____
2. How many hours of sleep does your child normally have? At night? _____
During the day? _____
3. Right or left handed? _____
4. Does your child need help in Dressing? _____ Undressing? _____ Eating? _____
Toileting? _____ Washing hands? _____
5. What term does your child use for: bowel movement? _____ Urination? _____

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SOCIAL RELATIONSHIPS:

1. During play my child is Active Boisterous Quiet Energetic
 Self-initiated Dependent on adult direction.
2. My child enjoys playmates: At home Outside home Prefers adult companionship.
3. Does child have their own room? If not, with whom does child share room with? _____
4. What are the ages of the children with whom your child plays with? _____
5. Has your child been cared for by someone other than parents? _____
By whom? _____
6. Please give information on the following:
Favorite play activities: _____

Favorite TV programs: _____

Favorite books and stories: _____

Favorite Family activities: _____

RESPONSIBILITIES:

1. What responsibilities is your child assigned? _____
2. At child's present age, your child is best characterized as:
 one who is dependent on others for help.
 one who tries to do for him/her self.

DISCIPLINE:

1. Explain your method of discipline _____

2. What points are often issues between parent and child? _____

EXPECTATIONS:

1. What do you expect the preschool too accomplish for your child? _____

2. Additional comments you may want to share _____

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LANGUAGE:

1. What language is spoken at home? _____

2. Family ethnicities _____

_____.

TRADITIONAL FAMILY CELEBRATIONS:

_____.

Name(s), and their relationship to this child, of person allowed to view child's health record.

_____.