

CHILD'S BACKGROUND INFORMATION

We ask that you complete the following form and return it with your registration package. The information gathered on this page is for use by the Teacher only to assist her in providing the best possible experience for them while at the Preschool.

CHILDS FULL NAME: _____ CLASS: _____

PARENTS NAME: _____ DATE: _____

1. Do you have any concerns regarding your child's development? _____

2. Has your child participated in a playgroup before? Yes No

3. Has your child been enrolled in a preschool before? Yes No

4. Do you feel your child's speech is clear? Yes No

5. Is English their only language? Yes No

If no, what other language do they speak? _____

6. Does your child play well alone? Yes No

7. Does your child do well in group settings? Yes No

8. Does your child have any siblings? Yes No

If so what ages are they? _____

9. Would you feel comfortable with the Teacher approaching you with concerns regarding your child's development? Yes No

10. What do you hope your child receives from attending the Gibbons Preschool? _____
