

**Miss Barbara's Preschool**

PO Box 484

Lake Grove, NY 11755

(631) 981-1271

**INFORMATION FORM**

Date \_\_\_\_\_

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Session \_\_\_\_\_

Where did you first here about Miss Barbara's Preschool \_\_\_\_\_

What school district do you live in? \_\_\_\_\_ What hand does your child favor? \_\_\_\_\_

Please list other family members that attended Miss Barbara's Preschool:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*The following information will be kept confidential, between you and your child's teachers. It will help us develop a better understanding of your child and his/her needs.*

Does your child receive any services through your School District or a Private Agency? Yes \_\_\_\_ No \_\_\_\_

If yes, please contact the school so we can work together to help meet the specific needs of your child.

Please list your child's likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Fears & Habits: \_\_\_\_\_

Does your child have the opportunity to play with children his/her own age? \_\_\_\_\_

Please list siblings: Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Are both parents living at home? \_\_\_\_\_ Do Grandparents live in your home? \_\_\_\_\_

Please clearly list your primary Email \_\_\_\_\_

*Please be sure to inform us of any situation in your family or neighborhood that affects your child emotionally, whether it is the joy of a new birth, or the sadness of a neighbor moving. These and other experiences give us the opportunity to introduce new and valuable lessons through discussion and children's literature on that subject.*