

# Snell's Pre-Kindergarten School

## Child Information Sheet For Pre-K Class and Rainbow Room (If Enrolled)

Name of Child: \_\_\_\_\_ Birthday: \_\_\_\_\_

Please indicate the Pre-Kindergarten Program for which your child is enrolled:  4A  4P  3A

Previous pre-school experience:

Favorite play material:

Right or left handed (If Decided):

Favorite occupations of time:

Opportunities to be with children own age:

Brothers & Sisters:

Age:

1

2

Brothers & Sisters

Age:

3

4

Adults in home (Besides parents):

Pets (with names):

Do you read stories to your child?

Does your child sit for the whole story?

Special interests?

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## Child's Daily Schedule:

What time does your child usually get up?

What does your child eat for breakfast?

Does your child dress him/herself?

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## General Health:

Health or Food allergies:

Potty assistance needed?

Food likes:

Anything special about your child that we need to know:

Food dislikes:

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## Other Information:

Primary language spoken at home: \_\_\_\_\_

Are you concerned about anything in your child's development?

Does your child have any difficulties with speech?

Does your child have an IEP (Individual Educational Plan)?:  Yes  No (If yes, please provide a copy.)

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

Original for Teacher

Copy for Rainbow Room if applicable