

**Howell Public Schools Early Childhood Education Programs  
Preschool Student Information**

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Gender:    M            F            Does your child have a nickname: \_\_\_\_\_

Please provide the following to be added to the ParentLink system: (This automated system will contact families with district-related information including special notifications, school closings, special events, reminders, etc).

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Family Information**

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status:    \_\_\_\_\_ Married    \_\_\_\_\_ Divorced    \_\_\_\_\_ Separated    \_\_\_\_\_ Single

If divorced or separated, who has legal custody of the child? \_\_\_\_\_

What is the nature of the visitation with the non-custodial parent? \_\_\_\_\_

\_\_\_\_\_

Siblings (include names and ages):

Other members living in the household (include relationship):

Has anyone else cared for the child other than the parents?            Yes            No

If yes, who?

Do you have an occupation, hobby and/or family/cultural tradition that you would like to share with your child's preschool class?            Yes            No

If yes, please describe:

## Child Background Information

How would you describe your child?

Has your child had experiences with the following: (check all that apply)

crayons       markers       pencils  
 scissors       playdough       paint

Has your child interacted with his/her peers in a structured setting? (i.e. story time at the library, playgroups, sports, etc.)      Yes      No

If yes, please describe:

Please list any special health concerns you have for your child (i.e. allergies, recurring illnesses, etc.):

Please list any special needs or developmental concerns your child has:

Does your child have any fears we should be aware of (i.e. loud noises, thunderstorms, etc.)?

How do you calm your child when he/she is upset?

## Child's Schedule Information

What does a typical day look like for your child? (Including naps, wake time, bedtime, meals, snacks, active and quiet times, etc.).

## General Information

What are your expectations for your child's preschool experience?

(over)