



## Francis Howell Early Childhood Student Information Form

Child's Last Name

Child's First Name

Child's Middle Name

Child's Date of Birth: \_\_\_\_\_ (Must be age 3 prior to the start of the school year. Minds in Motion must be age 2.6 prior to the start of the school year.)

Male

Female

Parent's Name

Phone #

Relationship to Child

☐

Mother

☐

Step-Mother

☐

Father

☐

Step-Father

☐

Guardian

☐

Other \_\_\_\_\_

☐

Mother

☐

Step-Mother

☐

Father

☐

Step-Father

☐

Guardian

☐

Other \_\_\_\_\_

Child lives with:

☐

Mother

☐

Step-Mother

☐

Father

☐

Step-Father

☐

Guardian

☐

Other \_\_\_\_\_

What is your preferred method of communication: Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Tell us something to initiate conversation with your child (what are their interests): \_\_\_\_\_

Is your child potty trained? ☐ YES ☐ NO Terms used at home for toileting: \_\_\_\_\_

Does your child have allergies? ☐ YES ☐ NO If yes, what type of allergy does your child have: \_\_\_\_\_

Does your child have ear tubes? ☐ YES ☐ NO

Describe your child's self-help skills (hand washing, toileting, etc.): \_\_\_\_\_

My child is frustrated by: \_\_\_\_\_

He/She reacts to frustration by: \_\_\_\_\_

My child is frightened of: \_\_\_\_\_

My child especially enjoys: \_\_\_\_\_

What would you like your child to gain from his/her preschool experience? \_\_\_\_\_

Are there any holidays you do not wish your child to celebrate in the classroom? \_\_\_\_\_

Has your child had any previous group experiences? (Mother's Day Out, Sunday School, etc.): \_\_\_\_\_

Has your child received services from First Steps or the St. Louis Regional Center? ☐ YES ☐ NO

If so, please explain the reason for services: \_\_\_\_\_

Do you have any concerns about your child's development (learning, behavior, medical)? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

Has any professional (teacher, doctor, parent educator, or counselor) expressed concerns about your child's development (learning, behavior, medical)? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

Are you currently enrolled in Parents as Teachers? ☐ YES ☐ NO If yes, who is your Parent Educator: \_\_\_\_\_

Has your child had a 3-5 Developmental Screening (DIAL-4) (given to 3-5 year olds)? ☐ YES ☐ NO

Elementary School your child will attend: \_\_\_\_\_