



Child and Family Questionnaire

Name of Child _____ Date of Birth _____
Last First Middle Nickname

Parent #1 or Guardian _____

Parent #2 or Guardian _____

Marital Status of Parents (circle): Married Single Separated Divorced Widowed

Siblings:

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Other members of the household (include relationship): _____

Language(s) spoken at home (other than English): _____

Schools previously attended by child (include dates): _____

Give us five adjectives that describe your child: _____

What are the activities your child loves most to do during the day? _____



What can make your child anxious or unhappy during the day? _____

Does your child nap? Yes _____ No _____

If yes, is there something special that helps your child fall asleep? _____

During COVID-19, did your child socialize outside of the family or did your family stay mostly quarantined during this period? _____

Do you have any concerns about your child starting the new preschool year? _____

Please share anything you think would be helpful for us to know about your child or your family: _____

HEALTH AND WELFARE

Does your child have allergies? If so, how do they usually manifest? _____

Asthma _____ Hay fevers _____ Hives _____ Other _____

State cause of allergy _____

**IF FOODS, STATE TYPES OF FOODS _____

**** Food Allergy Action Plan MUST BE completed. Please contact BEECC Office for this form.**

Does your child vomit easily? _____ Does child run high fevers easily? _____

Are bowel movements regular? _____ Is diarrhea or constipation a problem? _____

Does your child have any vision or hearing impairments or require corrective lenses/devices: _____

Does child have a chronic illness? Yes _____ No _____

If so, please explain: _____

Does your child take any medication regularly? If so, please list: _____

Has child had any serious accidents? Yes _____ No _____

If so, please explain (including dates): _____

In order to successfully meet the educational and related emotional needs of your child, please include below any identifying conditions, diagnoses, special services or programs currently utilized by your child. (e.g. speech/language, attention, etc.) Also list any of your child's physical/emotional needs that might affect your child's participation in a preschool program. **This information will remain confidential.** Feel free to attach a separate sheet. Please notify the Director if circumstances change.

Are there any restrictions/limitations on your child's participation in our program? Yes _____ No _____

If yes, please explain: _____
