



PRE-KINDERGARTEN 2021/22 BACKGROUND INFORMATION

This form is necessary for completion of your child's registration. Please return by the first day of class. (*Please PRINT.*)

Child's Name _____ Name Used _____

Birth Date _____ (circle) Male Female

Baptism Date _____ Church of Baptism _____

Prior Pre-School or Day Care experience? Yes No

If Yes, where and when? _____

Public School District in which you reside _____ Name of Public School _____

Home Address _____

Home Phone _____ E-Mail Address _____

Father's Name _____

Birthplace _____ Religious Affiliation _____

Occupation _____ Full Time Part Time

Employer _____ Work Phone _____

Address _____ Cell Phone _____

Mother's Name _____

Birthplace _____ Religious Affiliation _____

Occupation _____ Full Time Part Time

Employer _____ Work Phone _____

Address _____ Cell Phone _____

Parent Marital Status Married Divorced Widowed
Separated Single Parent

Legal Custody of child is limited to Both Parents Father Only Mother Only

OTHER (please explain) _____

Please list all the people who currently live in your home, stating name and relationship.

Primary language spoken at home _____

Is your child regularly exposed to another language? Yes No

If Yes, which language(s) _____

Does/Has anyone other than parent(s) have/had a substantial role in rearing your child?

Yes No

If Yes, please give name and relationship and briefly describe the role in child rearing.

Pediatrician's Name _____ Phone _____

HEALTH HISTORY

Weight _____ Height _____ Birth Weight _____ Full Term? Yes No

Were there any complications during pregnancy? Yes No

If Yes, please explain _____

Were there any complications at birth? Yes No

If Yes, please explain _____

Does your child have any allergies (food or environmental)? Yes No

If Yes, please explain _____

List contagious diseases (e.g. chicken pox, measles, etc.) contracted. Please identify ages at which child contracted each disease. _____

Please circle each to which your child is prone:

strep frequent colds tonsillitis stomach aches febrile convulsions

vomiting nose bleeds high fevers ear aches/infections

Does your child suffer from (circle all that apply):

asthma hay fever hives

Does your child have any dietary restrictions? Yes No

If Yes, explain _____

What special precautions must be taken in regard to your child's physical development and/or health? _____

Does your child have a special problem with (circle all that apply)?

speech vision hearing

Is your child receiving any therapy for their special need? (i.e. speech, occupational, physical, etc)

Yes* No

_____ School District Provided

_____ Privately Provided

*If Yes, please describe in detail the services they are receiving _____

Please give a brief statement regarding your child's overall health _____

SOCIAL HISTORY

Does your child have neighborhood playmates? Yes No

How does your child get along with other children? _____

Does your child initiate play or follow others? _____

Is your child's play at home **usually** (circle as many as apply):

active sedentary energetic quiet solitary boisterous

aggressive passive cautious self-initiated dependent on adult

Is your child usually confident in new situations? Yes No

How does your child handle separation from you? _____

DEVELOPMENTAL HISTORY

Does your child...

Have a regular bedtime? Yes No Nap? Yes No

Have a regular wake up time? Yes No Sleep Well? Yes No

Stay dry during the night? Yes No Dress Self? Yes No

Undress Self? Yes No

Need regular assistance when using the toilet? Yes No

Show definite fear in regard to anything in particular? Yes No

If Yes, please explain _____

Express Anger in appropriate ways? Yes No

This information is accurate to the best of my knowledge. Should it come to my attention that the information given here is inaccurate or, if it should change, I agree to contact the school promptly to correct the files.

(parent/guardian signature)

(date)

During the time that your child is in the care of St. Emily School, we reserve the right to make use of any parish facility at our disposal. Parish facilities include the school, church, convent and rectory. This could mean on any given class day students may be taken to a building other than the school for special activity or project. For example, preschool classes may walk over to church to see the Stations or the Sacristy (where Father gets ready for Mass). With these on-premises "trips" we will not contact parents with a separate notification.

My signature below indicates that I understand that St. Emily School may take my child from the regular classroom to another building on St. Emily premises, I further understand that this signature does not grant permission for trips off of St. Emily premises.

(parent/guardian signature)

(date)

