



# Discovery Preschool Data Form



## Required Information about the Child:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Male Female

Nickname, if to be used in preschool: \_\_\_\_\_

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

Language spoken at home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethnicity: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

Chronic/recurring health conditions: \_\_\_\_\_

Special Services child receives (like speech, physical therapy, occupational therapy, or other help from a specialist):

\_\_\_\_\_

**Person/s to be called in an emergency if parents can not be reached (DO NOT LIST YOURSELF):**

Name of Individual	Relationship	Home Telephone	Cell/Work Telephone
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*\*If Discovery Preschool is unable to reach the parents,  
I give permission for Discovery personnel to use the services of  
Mountain Lake Ambulance, Mountain Lake Medical Clinic and/or the Windom Hospital.**

\*\* \_\_\_\_\_  
Signature of parent

\*\* \_\_\_\_\_  
Date

Person/s **bringing child to** Preschool: \_\_\_\_\_

Person/s **picking up child after** Preschool: \_\_\_\_\_

Person/s financially responsible for child: \_\_\_\_\_

OVER

**HELPFUL INFORMATION ABOUT MY CHILD**

Left handed \_\_\_\_\_ Right handed \_\_\_\_\_ No preference \_\_\_\_\_

Favorite play activities \_\_\_\_\_

Favorite toy/s \_\_\_\_\_

Special interests (ex. bugs, books, dolls, tractors, weather) \_\_\_\_\_

Was child born premature? \_\_\_\_\_ Any remaining developmental delays \_\_\_\_\_

Is child toilet trained? \_\_\_\_\_ Does child **say** when they need to use the bathroom? \_\_\_\_\_

Toileting difficulties, if any \_\_\_\_\_

Food: **Allergies**, likes/dislikes, eating habits: \_\_\_\_\_

**Sleep habits:** regular bedtime \_\_\_\_\_ p.m. Napping \_\_\_\_\_

**SOCIAL HABITS**

Has your child had previous group experience? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child have neighborhood playmates? \_\_\_\_\_

Describe how your child gets along with other children: \_\_\_\_\_

What fears or phobias, if any, does the child show? \_\_\_\_\_

Other information or comments? \_\_\_\_\_

**Required Information about the Parents:**

**FATHER:** \_\_\_\_\_  
Address (if different than child's):

\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

email: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Employed:    \_\_\_ Yes        \_\_\_ No

Place of employment: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Time at Work:  \_\_\_ More than 25 hours/week

                  \_\_\_ Less than 25 hours/week

**MOTHER:** \_\_\_\_\_  
Address (if different than child's):

\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

email: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Employed:    \_\_\_ Yes        \_\_\_ No

Place of employment: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Time at Work:  \_\_\_ More than 25 hours/week

                  \_\_\_ Less than 25 hours/week

**Please "star" preferred first method for teacher to contact you from above.**

The phone number marked will also be the one used for the JMC School System alerts.

**Other people allowed to pick up child** (who are not listed on Page 1): \_\_\_\_\_

\_\_\_\_\_

People with **court ordered "No Contact" with child:** \_\_\_\_\_

**Home Environment:**

Please list any **OTHER adults** (NOT PARENTS) who are living in the home:

**Name and age of OTHER children** (ages birth to 17 years) who are living in the home:

Adult's Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Child's Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

**(TOTAL number of people in the household: \_\_\_\_\_)**

\_\_\_\_\_

OVER

**Other Helpful Information:**

Methods of **discipline** used at home \_\_\_\_\_

---

---

**Adult expectations of children** (for example - at mealtime, in public, around adults, helping at home, self care, around other children, at special events, with company at home, use of manners, dealing with problems, following rules, following directions, listening, talking, etc.): \_\_\_\_\_

---

---

---

---

Any **home situations** that may affect behavior at school (like new baby, job changes/hours, family illness/death, moving, family stress, one-parent home, etc.): \_\_\_\_\_

---

---

**Parental understanding** of this child (strengths and weaknesses, how they respond to various situations, anything else that will help the teacher in planning for this child):

---

---

---

---