

KINDERHAVEN PRESCHOOL
Lake Forest Parks and Recreation Department

SUPPLEMENTARY INFORMATION FORM Although this may seem like a long form, the answers you provide will be helpful to the Kinderhaven teachers in getting to know your child and in providing the best program for your child. Thank you for taking the time to fill this out.

1. Child's full name: _____ Nickname _____ Birthdate _____
Address _____ Phone Number _____
Father's full name _____ Mother's full name _____
2. What activities interest your child the most? 1) _____
2) _____ 3) _____
3. Does he/she naturally use: Left hand Right hand Both hands (circle one)
4. Weather permitting, does your child play outdoors daily? _____
5. Please explain particular likes, dislikes or fears: _____

6. With whom does your child spend the greater amount of time:
Adults _____ or Children _____ Ages? _____
7. Please list siblings and ages:
Name: _____ Age _____ Name: _____ Age _____
Name: _____ Age _____ Name: _____ Age _____
8. Does your child have any known health problems? (ie. allergies, other concerns that we should be aware of), please explain: _____

- 8a. List any medications currently being taken _____
9. Does your child have any physical limitations (ie. vision, hearing, fine motor), explain: _____

10. Please explain any developmental (or other) concerns that you have regarding your child: _____

11. Please explain the primary type of discipline used at home: _____

- 11a. Please explain how you reward/praise your child for positive behavior: _____

12. Please check the items that your child uses at home or has had previous experience with:
_____ scissors _____ paint _____ crayons _____ markers _____ glue

13. Please discuss your child's experience with books and literacy development. _____

14. Has your child had other preschool experience? Please list school(s) and dates: _____

15. Will your child be attending any other preschool in addition to Kinderhaven? _____
 If yes, please list school and days/times. _____
16. What do you, as a parent, expect your child to gain from his/her Kinderhaven Preschool experience?

17. Is there any additional information about your child that would be helpful to the Kinderhaven teachers?
 For example, any special family circumstances, ie. new baby, grandparent living in the home, an adoption, one parent travels a lot – (these types of changes in a child's regular routine may impact a child's outlook or behavior in school) _____

18. What Kindergarten will your child go to? _____
19. Are there any cultural or ethnic traditions that we should be aware of *or* that you would like to share with the class?

19. We welcome parents to be active participants in school. If you have any special talents or interests that you would like to share with the students, please describe: _____

20. Optional: We often look for parents or community members to talk to the children about their occupations. Please state your occupation(s). _____

21. For children in the ***GREEN and PURPLE CLASSES*** : Please explain where your child is at with toilet training:

1. _____
(Parents/guardians signatures) *(date)*

2. _____