

**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~~ **PURPLE CLASSES**: Please explain where your child is at with toilet training:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. \_\_\_\_\_  
*(Parents/guardians signatures)* *(date)*

2. \_\_\_\_\_