

## LAURELWOOD PRESCHOOL FAMILY INFORMATION

Child's name \_\_\_\_\_ Phone \_\_\_\_\_

Child's birthdate \_\_\_\_\_ Age \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Does child live in home with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Names of siblings \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Does child speak English? \_\_\_\_\_ If not, what language? \_\_\_\_\_

Do parents speak English? \_\_\_\_\_ If not, what language? \_\_\_\_\_

Does child speak in single words, phrases, or sentences? (Please circle one)

Is child right or left handed? \_\_\_\_\_ Does child take naps? \_\_\_\_\_  
If so, what time? \_\_\_\_\_

Has child attended any other day care/nursery school/preschool? \_\_\_\_\_

If so, where? \_\_\_\_\_

What is your child's general health? (Please list any allergies or conditions such as diabetes, epilepsy, food allergy, etc.)

Is there anything about your child's developmental history that the teacher should know?  
(Premature birth, extended hospital stay, slow in learning to walk, talk, etc.)

Who will be bringing and picking up your child most of the time? \_\_\_\_\_

Who will be working in the classroom on your assigned days? \_\_\_\_\_

Is Parent CPR certified? \_\_\_\_\_ Name of parent \_\_\_\_\_ Certification Exp. Date \_\_\_\_\_

**THE FOLLOWING MUST BE SIGNED BY WHOMEVER WILL BE WORKING IN THE CLASSROOM:**

### PARENT VOLUNTEER HEALTH VERIFICATION

I, \_\_\_\_\_, who will be working in the classroom at Laurelwood Preschool as a parent volunteer, do hereby certify that I am in good physical health.

\_\_\_\_\_  
**SIGNED**

\_\_\_\_\_  
Date