

## Personal Data Form

Child's Name \_\_\_\_\_  
First Last

Name your child prefers to be called \_\_\_\_\_

Does your child play with other children regularly? \_\_\_\_\_

What kind of group activities has your child participated in and for how long?

Preschool \_\_\_\_\_ Sunday School \_\_\_\_\_ Day Care \_\_\_\_\_  
Story Hour \_\_\_\_\_ ECFE \_\_\_\_\_ Recreation \_\_\_\_\_ Other \_\_\_\_\_

Does your child have difficulty separating from you?

Is your child right handed? \_\_\_\_\_ left handed? \_\_\_\_\_ undecided? \_\_\_\_\_

Has your child used crayons? \_\_\_\_\_ paint? \_\_\_\_\_ scissors? \_\_\_\_\_ playdough? \_\_\_\_\_

How would you describe your child?

What are some of your child's interests?

What makes your child frustrated?

Types of discipline used in your home:

Does your child have any physical, behavioral, emotional, intellectual or speech delays not common to his or her age level? Please explain any concerns you may have.

Please state any other information that would be helpful to us in understanding and working with your child.

As a parent, what would you like your child to get out of this preschool experience?

### PERMISSION FORM FOR FIELD TRIPS

\_\_\_\_\_ I give permission for my child to go on scheduled fieldtrips with his or her class.  
Notice will be given prior to the fieldtrip.

### PUBLICATION RELEASE

\_\_\_\_\_ I give permission for my child to be a part of any public relations event (such as a picture in the newspaper) involving Community Preschool while he or she is in attendance.

\_\_\_\_\_ I give permission for my child's photo or artwork to be posted to the Community Preschool Facebook page or website.

### INFORMATION RELEASE

\_\_\_\_\_ I give permission for my child's name and family contact information to be listed in a class list.

Information I would like to be shared:

Parent(s) Names: \_\_\_\_\_

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ If a referral is needed, I give permission for Community Preschool to discuss my child with District 206/ECSE staff.

\_\_\_\_\_ I give Community Preschool permission to share information about the preschool experience of my child with his or her kindergarten teacher, to help the teacher have a better understanding of my child in a school environment.

I have carefully read and understand the above information. I have indicated my consent and authorization where applicable.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date