



# Wendy's Play & Pre-School

## BACKGROUND INFORMATION

No. B.Info 06/08

CLASS .....

DATE .....

<b>Child's name</b>			
Gender		Date of Birth	
Place of birth		Nationality	
Postal Address			
Physical Address			
Home Tel Number		Religion	
Church Affiliation / Membership			

<b>Name of Mother / Guardian</b>			
Occupation		Age	
Cell Number		Work Tel Number	
Home Tel Number		Marital Status	

<b>Name of Father / Guardian</b>			
Occupation		Age	
Cell Number		Work Tel Number	
Home Tel Number		Marital Status	

<b>Custody - Visiting arrangements</b>			
Is Child adopted?	YES	NO	AGE:
Is child aware of adoption?			
List siblings and their ages	Name:	Age:	
	Name:	Age:	
	Name:	Age:	

<b>Are there other members of the household? If so, list details</b>		
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

<b>Who looks after your child in the afternoons and holidays?</b>			
Nature of birth		Birth weight	
Jaundice at birth?		Any complications?	
Blood transfusions?		Prem / Full term?	
Is your child toilet trained?		Words used re: toilet	
Describe assistance needed?			

<b>What time does the child:</b>			
Wake up?		Go to bed at night?	
Does your child sleep during the day?		How long?	

<b>Does your child have any special fears?</b>			
Does your child have:	Vision problems Please explain		
	Hearing problems? Please explain		

Does your child have any health problems we should be aware of? Please explain

Are there any foods / drinks your child should not have, and reasons why

What does your child eat for breakfast?

Do you have any concerns about any aspect of your child's development?

<b>Age at which your child:</b>			
Crawled on hands and knees		Sat alone	
Walked		Slept through	
Named simple objects		Toilet trained	
Spoke in complete sentences			
Do you feel your child's speech is clear?	YES	NO	
Can strangers understand when he/she speaks?	YES	NO	
Is any other language other than English spoken in the home? If so, please explain			

<b>Tick if your child has had any of the following childhood diseases:</b>				
German Measels	Measels	Whooping Cough	Mumps	Chicken Pox
<b>Tick if your child has frequent:</b>				
Stomach aches	Earaches	Colds	Fevers	
Other (Specify)				
Are there any problems with your child's immune system? (Explain)				
Has your child had any serious accidents or operations? (Explain)				
List other illnesses your child has had				
Does your child have any allergies? If so, please describe				
Does your child take any regular medicine?				
What is it for?				
When last was your child at a doctor?				
When last was your child at a dentist?				
Is anyone in the family allergic to bees?				
Has your child ever been stung?			Reaction?	
Are there any special medical, physical or emotional needs the school should be aware of?				

How much television does your child watch each day?				
Does your child have any habits, i.e. thumbsucking / nailbiting?				
Does your child have any "security" items. eg. Dummy/ blanket ?				
What are your child's favourite activities?				
What does your child enjoy doing with the mother?				
What does your child enjoy doing with the father?				
Does your child play well alone?		In groups?		
Are there neighbourhood playmates?				
With what age children does your child usually play?				
Does your child accept correction easily?				
What is the method of behaviour control used in your home?				

By mother?		By Father	
Please circle the words below that best describe your child:			
Happy	Aggressive	Friendly	Clumsy
Dependant	Stubborn	Impulsive	Quiet
Good-natured	Even-tempered	Attentive	Shy
Sleepy	Moody	Fearful	Independent
Strong-willed	Sympathetic	Other?	

<b>Has your child learnt to:</b>			
Say nursery rhymes?		Sing songs?	
Listen to stories?		Say his / her name?	
State age and male / female?		Dress on own?	
Recognize and name common objects?			
Count?		How far?	
Throw a ball?		Catch a ball?	
Follow simple directions?		Ride a tricycle?	
Name basic colours?		Hop on one foot?	
Balance on one foot?		Write name?	
Draw a person?		Other? (Specify)	

Has your child had any play group experience?			
Has your child been cared for by someone other than family? If so, please describe			
Has your child gone to a preschool or day care centre before?			
Name of previous school			
From what age did he / she attend?			
Where or from whom did you hear about Wendy's Play and Preschool?			
What do you hope will be included in your child's preschool program?			
Any other information or comments:			

Date		Mother / Father / Guardian
Signed		