Liberty
EARLY EDUCATION CENTER

Student Information Record

PERSONAL INFORMATION

CHILD'S LAST NAME	CHILD'S FIRST NAME	NAME TO BE USED AT SCHOOL

CHILD'S BIRTHDAY MONTH / DAY / YEAR	AGE AS OF SEPTEMBER 1ST	GENDER FEMALE MALE

FAMILY & HOME INFORMATION

DO BOTH PARENTS CURRENTLY LIVE WITH THE CHILD? YES NO

TOTAL # OF FAMILY MEMBERS IN THE HOUSEHOLD

NAMES & AGES OF BROTHERS

NAMES & AGES OF SISTERS

PLEASE DESCRIBE ANY SPECIAL FAMILY ARRANGEMENTS SUCH AS SHARED CUSTODY SPECIFICATIONS, ETC.

CULTURAL & RELIGIOUS INFORMATION

WHAT IS THE PRIMARY LANGUAGE SPOKEN AT YOUR HOME	ARE THERE ANY FOODS YOUR CHILD SHOULD NOT EAT

DESCRIBE ANY CULTURAL OR RELIGIOUS PRACTICES IN WHICH YOU FEEL WE SHOULD BE MADE AWARE

SLEEP HABITS

WHAT TIME DOES YOUR CHILD TYPICALLY GO TO BED? PM	WHAT TIME DOES YOUR CHILD TYPICALLY WAKE IN THE MORNING? AM	ON AVG., HOW MANY HOURS PER NIGHT DOES YOUR CHILD SLEEP?

DOES YOUR CHILD EXPERIENCE ANY PROBLEMS CONNECTED TO SLEEP? (NIGHT TERROS; DIFFICULTY FALLING TO SLEEP, ETC.)

DOES YOUR CHILD TAKE AN AFTERNOON NAP? YES NO

IF YOUR CHILD NAPS, HOUW MANY HOURS PER DAY?

PERSONAL INFORMATION

IS YOUR CHILD LIKELY TO HAVE ACCIDENTS?	YES	NO	WILL YOUR CHILD ASK TO USE THE BATHROOM?	YES	NO	IS YOUR CHILD ABLE TO DRESS HIM/HERSELF?	YES	NO

PERSONAL INFORMATION

USE A FEW WORDS TO DESCRIBE YOUR CHILD'S PERSONALITY

WHAT CAUSES YOUR CHILD TO FEEL FRUSTRATED OR ANGRY?

IF YOUR CHILD HAS NERVOUS HABITS, DESCRIBE THEM HERE

DESCRIBE ANY ON-GOING FEARS YOUR CHILD MAY HAVE

PLEASE LIST ANY CHANGES OR TRANSITIONS YOUR CHILD OR FAMILY MAY BE EXPERIENCING

MISCELLANY

LIST ANY ADDITIONAL FAMILY OR PERSONAL INFORMATION THAT WOULD HELP US SUPPORT YOUR CHILD (EMPLOYMENT, FAMILY SCHEDULE, ALLERGIES, COMFORTING STRATEGIES, ETC.)

USE THIS SPACE TO PROVIDE US WITH ANY OTHER INFORMATION OR CONCERNS YOU FEEL WE SHOULD KNOW TO HELP YOUR CHILD WITH HIS/HER EARLY EDUCATION EXPERIENCE

WHAT ARE YOUR EXPECTATIONS OF THIS PROGRAM?

IS YOUR CHILD OR HAS YOUR CHILD RECEIVED ANY THERAPY (SPEECH, OCCUPATIONAL)?

HAS YOUR CHILD PREVIOUSLY ATTENDED PRESCHOOL?

YES NO

NAME OF SCHOOL _____

LOCATION _____

DATES ATTENDED _____