

*Bakerstown Presbyterian Children's Center*

**Student Personal Information**

**\*\*Please return before the first day of school.\*\***

1. Child's Name: \_\_\_\_\_

2. Who resides in the home with your child? (Please list all, including relationship to the child and the ages of the children only)

\_\_\_\_\_  
\_\_\_\_\_

3. Child lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other  
If other, please specify. **\*Please note any custody arrangements**

\_\_\_\_\_

4. Siblings: Name and Age

\_\_\_\_\_  
\_\_\_\_\_

5. Has your child attended preschool or daycare previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please reply where and when

\_\_\_\_\_

6. Has your child ever been evaluated for developmental concerns? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide description (including DART, TSS, etc.).

\_\_\_\_\_

7. Has your child ever, or are they currently, receiving services for speech/language or any other developmental concerns? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please indicate where and how often.

\_\_\_\_\_

8. When with a group of children, what does your child like to do?

\_\_\_\_\_

9. What does your child do in a new situation?

\_\_\_\_\_

(Over)

10. What are your child's particular fears?

\_\_\_\_\_

11. How verbal is your child? \_\_\_\_\_

12. How does your child make his/her needs known? \_\_\_\_\_

13. Is your child able to use the restroom independently? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain. \_\_\_\_\_

14. What are your child's strengths?

\_\_\_\_\_

15. How would you like to see your child grow and improve this year?

\_\_\_\_\_

16. What language do you use when speaking to your child? \_\_\_\_\_

17. Are any other languages spoken in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No

By whom? \_\_\_\_\_

18. Has your child had any hospitalizations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain.

\_\_\_\_\_

19. Has your child had any repeated illnesses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain.

\_\_\_\_\_

20. How did your family learn about Bakerstown Presbyterian Children's Center?

\_\_\_\_\_

21. What is the name of the church you attend?

(OPTIONAL) \_\_\_\_\_

22. I give my consent for any classroom pictures taken of my child to be used in newsletters, teacher bulletin boards, website, and Facebook. \_\_\_\_\_ YES \_\_\_\_\_ NO

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Signature of Parent or Guardian

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Date