



Preschool Social Resume

Child Information:

First Name: _____ Middle Name: _____ Last Name: _____

Nicknames: (other than name) _____ Date of Birth: _____

Cultural Background: _____ Language(s) Spoken: _____

Family Information:

Please list family members living in your home:

Relation to Child:

Food

Describe your child's appetite: _____ Eats anything _____ Eats a little of this & that _____ Picky

Comments: _____

Food Allergies or Special Diet (restrictions): _____

Self-Care

Is your child in pull-ups? _____ Yes _____ No Comments: _____

Is your child toilet trained? _____ Yes _____ No Comments: _____

Do they need help with toileting? _____ Yes _____ No Comments: _____

Do they need help with dressing? _____ Yes _____ No Comments: _____

Sleeping Schedules:

My child sleeps from _____ pm to _____ am Comments: _____

What is your child's bedtime routine? _____

Does your child take naps _____ Yes _____ No Comments: _____

What time are naps and for how long? _____

Understanding your Child:

Does your child have a favorite soother (toy, blanket, etc.): _____ Yes _____ No Comments: _____

Does your child separate from you easily? _____ Yes _____ No Comments: _____

What activities does your child enjoy: _____

What activities does your child dislike: _____

How do you discipline at home? _____

Does your child have any individualized needs from our program? _____ Yes _____ No

Any other information regarding your child / family / traditions that would be helpful for us to know?
