

MISSION OAKS RECREATION & PARK DISTRICT
PRESCHOOL INFORMATION SHEET

Please Print

Child's Name _____ Child's Preferred Name _____

Child's Birth Date _____ Child's Age _____

Parent/Guardian(s) Name _____

Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email _____

List of other siblings and their ages _____

Please list any languages used in your home other than English _____

If your child has any health problems, allergies, special physical or emotional needs

that we should be aware of, please explain them here:

Please check the most appropriate answer to the following questions. There are no 'right' or 'wrong' answers to these questions. We ask them only to help prepare ourselves to better serve the needs of each child in our program.

1. Does your child play well alone? Yes _____ No _____

2. Does your child play well in groups? Yes _____ No _____

3. Has your child had group play experience? Yes _____ No _____

4. Has your child attended a preschool or daycare before? Yes _____ No _____

5. Is your child self-sufficient with bathroom needs? Yes _____ No _____

6. Will the first week of school be a major adjustment for your child? Yes _____ No _____

Has your child learned to:

- | | |
|--|----------------|
| 7. State their name and age? | Yes ___ No ___ |
| 8. Dress self independently? | Yes ___ No ___ |
| 9. Follow simple directions? | Yes ___ No ___ |
| 10. Name basic colors? | Yes ___ No ___ |
| 11. Say simple nursery rhymes? | Yes ___ No ___ |
| 12. Count? | Yes ___ No ___ |
| 13. Ride a tricycle? | Yes ___ No ___ |
| 14. Write their name? | Yes ___ No ___ |
| 15. Manipulate scissors? | Yes ___ No ___ |
| 16. Listen to stories? | Yes ___ No ___ |
| 17. Sing songs? | Yes ___ No ___ |
| 18. Recognize and name common objects? | Yes ___ No ___ |

EMERGENCY INFORMATION

List additional persons who are authorized to pick up your child from preschool

1. Name _____ Relation to Child _____

Phone: Home _____ Work _____ Other _____

2. Name _____ Relation to Child _____

Phone: Home _____ Work _____ Other _____

3. Name _____ Relation to Child _____

Phone: Home _____ Work _____ Other _____

Child's Physician _____ Phone _____

Address _____ Zip _____

Emergency Hospital Preference _____