

**MISSION OAKS RECREATION & PARK DISTRICT**  
**PRESCHOOL INFORMATION SHEET**

Please Print

Child's Name \_\_\_\_\_ Name to be Called \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Child's Age \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ 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 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 ___ |

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**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 \_\_\_\_\_