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## CHILD CONFIDENTIAL INFORMATION FORM

In order to understand and meet your child's needs, please include any information that would be helpful to the teachers as they interact with your child. This form is confidential and for director and teacher use only. It will be kept for one year after your child leaves the preschool.

### Family

**Full Name of Child** (First, Middle, Last) \_\_\_\_\_ M or F

Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address (Street, Apt, City, Zip) \_\_\_\_\_

**Marital status of parents:** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

**Mother's Name** (First, Last) \_\_\_\_\_ Parent \_\_\_\_\_ Stepparent \_\_\_\_\_ Other(explain) \_\_\_\_\_

Address (if different from child)  
(Street, Apt, City, State, Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer—Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email for Preschool Use \_\_\_\_\_

Language spoken \_\_\_\_\_ Need translation to English \_\_\_\_\_

**Father's Name** (First, Last) \_\_\_\_\_ Parent \_\_\_\_\_ Stepparent \_\_\_\_\_ Other(explain) \_\_\_\_\_

Address (if different from child)  
(Street, Apt, City, State, Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer—Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email for Preschool Use \_\_\_\_\_

Language spoken \_\_\_\_\_ Need translation to English \_\_\_\_\_

**Guardian's Name** (First, Last) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address (Street, Apt, City, State, Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer—Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email for Preschool Use \_\_\_\_\_

Language spoken \_\_\_\_\_ Need translation to English \_\_\_\_\_

List all the members of the household in which the child lives:

NAME	BIRTH DATE	RELATIONSHIP TO CHILD	GRADE	CURRENT SCHOOL

**Pets**

Do you have any indoor/outdoor pets at home? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

**Language**

What language is spoken by the child in the home? \_\_\_\_\_

What language is spoken most often by the child? \_\_\_\_\_

What is the native language of the child? \_\_\_\_\_

**Health Record**

Please describe any unusual circumstances of your child's birth.

List **all allergies and special precautions** and treatment indicated for these allergies that your child has.

List any medications (food supplements or modified diets) currently being administered to your child.

List any medical conditions that the preschool staff should know about your child.

When was your child's last regular well-child visit to a doctor? \_\_\_\_\_

Is your child current with all recommended immunizations? \_\_\_\_\_ If no, please explain.

Has your child had COVID-19? \_\_\_\_\_ If yes, when did they test positive? \_\_\_\_\_

Describe your child's eating habits.

Describe your child's sleeping habits (bedtime and waking time).

Does your child take care of his/her own toileting needs? \_\_\_\_\_  
(Your child must be reliably toilet trained before attending preschool.)

Has your child received or is currently receiving any developmental interventions (speech, occupational, physical, etc.)? If yes, please explain.

**Play and Social Experiences**

Does your child prefer to play alone or with a friend? \_\_\_\_\_

What are your child's favorite toys and activities?

How long does your child watch television or on a computer each day? \_\_\_\_\_

What programs?

Does your child have an imaginary playmate? \_\_\_\_\_

Describe your child's experiences with other children in group settings.

How many hours per week does your child spend with playmates? \_\_\_\_\_

**Emotions**

Describe the personality of your child.

What does your child fear?

What comforts your child when upset?

What makes your child angry?

How does your child react when angry with an adult, playmate or self?

How does your child react when she/he cannot have her/his own way?

How does your child react to separation from guardians?

What unusual circumstances have occurred during your child's lifetime (moves, separations, or losses, etc.)?

**Parents' Impressions**

What do you view as your child's strengths?

What do you view as your child's challenges?

What are your expectations for your child's development this year?

Do you have concerns or questions about your child's development that you would like to see addressed?

**Other**

Other information you would like us to know.

**Ethnicity of Child:** (used only to see diversity of student population)

American Indian \_\_\_\_\_ Asian \_\_\_\_\_ African American \_\_\_\_\_ Caucasian \_\_\_\_\_ Latino \_\_\_\_\_

Other: (please list) \_\_\_\_\_

**For Preschool Interest Only**

How did you learn about Eighth Street Preschool?

What most influenced your choice of this preschool? \_\_\_\_\_ location \_\_\_\_\_ cost \_\_\_\_\_ reputation \_\_\_\_\_ other

If other, please specify.

Have you had other children attend Eighth Street Preschool? Please list them by name and date of attendance.

What school will your child attend when he/she goes to kindergarten?

Signature of person completing the form \_\_\_\_\_ Date \_\_\_\_\_