



FAMILY / SOCIAL HISTORY INFORMATION

Please Print Clearly

Child Name: _____ **Birth Date:** _____ **Age:** _____

Name that you would like your child to go by at preschool. _____

List of Food Allergies or Food Restrictions: _____

List of Health Issues: _____

Language Spoken at Home: 1st Language: _____ 2nd Language: _____

Child's Dominant Hand is: Right Hand _____ Left Hand _____ Both _____

Child's Personalities: _____

My child needs help in: Toilet _____ Un/Dressing _____ Eating _____

Other _____ List: _____

Do you have Any Special Concerns Regarding Your Child?

Father's Age: _____ **Mother's Age:** _____

Occupation: _____ **Occupation:** _____

Church Preference: _____ **Church Preference:** _____

Marital Status: Married/ Living Together: _____ Separated: _____ Divorced: _____ Other: _____

List of Siblings: Brother(s): No _____ Yes _____ (Age): _____

Sister(s): No _____ Yes _____ (Age): _____

How did you hear about Sonshine Pre-school? _____

Has your child had group play experiences? Yes _____ Where: _____ No _____

Is your child been attending other daycare center(s) prior to registering at Sonshine? Yes _____ No _____

If yes, List the names of Daycare Centers: _____

What are the reasons for transferring your child to Sonshine Pre-school?

Home Address: _____

Street _____ City _____ Zip _____

Date: _____