

STEP BY STEP PRE-SCHOOL

63 Paddington Terrace, Kingston 6
978-8207, 978-6213

IMPORTANT INFORMATION ABOUT YOUR CHILD

NAME OF CHILD.....

DATE OF BIRTH.....

1. HAS HE / SHE ATTENDED NURSERY SCHOOL BEFORE?.....
2. HOW WILL HE / SHE BE TRANSPORTED TO AND FROM SCHOOL?.....
BY WHOM?.....
3. WHO IS NOT ALLOWED TO PICK UP YOUR CHILD?.....
4. HAS HE / SHE HAD ANY CHILDHOOD ILLNESSES?.....
5. HAS HE / SHE BEEN HOSPITALIZED?.....
HOW LONG?..... CAUSE.....
6. RESTING HABITS:
 - a. WHEN DOES HE / SHE AWAKE?.....
 - b. DOES HE / SHE NAP?.....
 - c. FOR HOW LONG?.....
7. DOES HE / SHE EAT WELL?.....
8. DOES HE / SHE EAT HAVE ANY FOOD ALLERGIES?.....
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9. IS HE / SHE TOILET TRAINED?.....
 - a. WHEN WAS HE / SHE TRAINED?.....
 - b. DOES HE / SHE STILL HAVE ACCIDENTS?.....
10. WHAT KIND OF PLAY ACTIVITIES AND MATERIALS DOES HE / SHE ENJOY?.....
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11. HOW LONG DOES HE / SHE STAY WITH AN ACTIVITY?.....
12. DOES YOUR CHILD PLAY WITH OLDER CHILDREN?.....
13. AGE OF PLAYMATES?.....
14. DOES HE / SHE PLAY ALONE?.....
15. WHAT UPSETS HIM/ HER?.....
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16. HOW DO YOU KNOW WHEN HE / SHE IS ANGRY?.....
17. HOW IS HE / SHE REASSURED?.....
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18. ANY PARTICULAR FEARS AT PRESENT?.....
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