



Pied Piper

Co-operative Preschool

AREAS OF INTEREST

PHYSICAL:

Any areas of concern physically: Speech Hearing Sight

Diseases child has had: _____

Any ALLERGIES: _____

Is he/she toilet trained: Yes No

Does he/she tire easily: Yes No

Does he/she nap in the afternoon: Yes No

SOCIAL:

Does he/she have playmates: Yes No

Has he/she had contact with adults outside the home: Yes No

Other members of the family at home (grandparents, sisters, brothers): _____

Names and ages of sisters and brothers: _____

Previous nursery school or play ground experiences: _____

EMOTIONAL:

Does he/she have any special fears that you know of: Yes No

What makes him/her frustrated: _____

What are his/her reactions: _____

How will he/she react staying when you leave: _____

INTERESTS:

Does he/she enjoy music, singing, stories, outdoor play: _____

Is there anything else you would like to tell us about him/her: _____

Child's Name

Child's Class