



PRINCE OF PEACE PRESCHOOL  
New Family Behavior and Social History Form  
2016-2017

3625 SW Wanamaker Rd.  
Topeka, KS 66614-4566  
Patty Bullock, Director  
(785) 271-0913

Student Legal Name: \_\_\_\_\_  
Last First Date of Birth Sex

Home Mailing Address: \_\_\_\_\_  
Street City Zip Code

\_\_\_\_\_ Home Phone Home Church/Religious Preference

May we publish your home phone number on our class roster? Yes  No

Student's Legal Guardian(s)

\_\_\_\_\_ Name

\_\_\_\_\_ Name

\_\_\_\_\_ Relationship to student

\_\_\_\_\_ Relationship to student

\_\_\_\_\_ Occupation

\_\_\_\_\_ Occupation

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

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

\_\_\_\_\_ Cellular Phone

\_\_\_\_\_ Cellular Phone

Information on others living in your home:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student's Parents: Married?  Separated?  Divorced?  Single?

Adults having legal rights with whom the student does not reside:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

If child is adopted, age at adoption: \_\_\_\_\_ Does child know they are adopted? Yes  No

What method of behavior control is used in your home and how does your child react? \_\_\_\_\_

\_\_\_\_\_

CHILD'S HISTORY:

Birth weight \_\_\_\_\_ Were there any pre-natal or delivery problems with your child?

Was your child delayed in walking or talking?

Explain:

Does your child:

Use the toilet?

Need help?

Still need trained?

Explain:

Use any prescribed medication?

Have a recent hospitalization, surgery or emergency room visit?

Have vision, speech, hearing or communication problems?

Explain:

Have a problem with being tired or overactive?

Have any emotional or behavioral problems?

Has your child ever been evaluated?

Is English your child's primary language?

HELPFUL INFORMATION FROM FAMILIES:

Does your child have any previous preschool experience? Yes  No  Where? \_\_\_\_\_

List any classes/group activities in which your child participates in addition to preschool. (i.e. Zoo School, Sunday School, soccer, dance, etc.) \_\_\_\_\_  
\_\_\_\_\_

How often is your child read to: \_\_\_\_\_ By whom? \_\_\_\_\_

I would describe our child in this way:

Our child is really interested in:

List any fears your child may have:

Our hopes or goals for our child at preschool this year is:

Additional Information: