



# PRESCHOOL Family and Social History

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home? \_\_\_\_\_

Marital status of parents: \_\_\_\_\_

## SIBLINGS

1. Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Living at Home? \_\_\_\_\_

2. Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Living at Home? \_\_\_\_\_

3. Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Living at Home? \_\_\_\_\_

Reason for requesting preschool placement:

List other members of the household not included above:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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How does child get along with:

Parents \_\_\_\_\_

Siblings \_\_\_\_\_

Children in neighborhood \_\_\_\_\_

Has child had group play experience? \_\_\_\_\_

Has child been cared for by others than parent? \_\_\_\_\_

By whom? \_\_\_\_\_ Where? \_\_\_\_\_

Is child completely potty trained? \_\_\_\_\_

Does child need help with...

Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Washing hands \_\_\_\_\_ Eating \_\_\_\_\_ Toilet \_\_\_\_\_

Any special problems or fears we should be aware of?

Name of person giving information \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

**The required fields on this form may be completed manually, or by using Adobe Acrobat or Adobe Reader. When completed, print this page. Sign and date where indicated above, and return it to the school office immediately. For assistance, call (626) 301-9809.**