

## VPC Preschool Student Information Sheet

Child's Last Name	Child's First ( <b>Preferred</b> ) Name	Date of Birth
Family Information	Mother	Father
Name (Last, First)		
Occupation		
Religious Affiliation		
VPC Member	Yes/No	Yes/No
	Sibling's Name/Date of Birth	Sibling's School
Siblings Living with the Child		
Please put an asterisk(*) beside any siblings' names who will also be enrolled at VPCP this year		
	Relative's Name	Relationship
Other Relatives Living with The Child		
Was your child premature?	Yes/No If yes, # of weeks premature	
Is your child potty-trained?	Yes/No Any concerns?	
If potty-trained, what words does your child use when he/she needs to go?		
Does your child nap?	Yes/No	Time of Day/Length
How would you describe your child's sleeping habits?		
With whom does your child primarily play? Siblings? Younger or older children? Adults? Alone? Please describe:		
What are some activities or experiences that your child enjoys?		
What activities engage your child and/or hold their focus and attention?		
What are any other classes, sports, or other programs in which your child participates?		
Does your child have a pet? If yes, type and name		
Did your child attend school last year, and if so, where?		
What is your neighborhood's base elementary school?		
Is English spoken exclusively at home? Yes/No	What other languages are spoken at home?	What other languages does your child speak?

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Child's Last Name

Child's First (Preferred) Name

Date of Birth

Does your child have any health or physical conditions, past or present?  
(Please include hearing, visual, fine or gross motor, occupational or physical therapy)

Has your child had a professional evaluation for cognitive or developmental delays?  
(Please include language/speech, social/emotional, behavior, or other learning concerns)

What goals would you like us to work on together this year?

Help us get to know your child better by describing some of their personality traits.  
(Examples-Shy, talkative, independent, cautious, quiet, active, creative, anxious, sensitive, stubborn, curious)

Any other information you would like to share?