

**ROUND LAKE AREA PARK DISTRICT
PRESCHOOL HISTORY FORM 6**

CHILD'S NAME _____ BIRTHDATE _____
Last First Month / Day / Year

How did you hear about our programs? ☐ Park District Brochure ☐ Advertisement ☐ Referral ☐ Website

Has child previously attended a childcare center? ☐ Yes ☐ No

If Yes, where? _____ For how long? _____

PERSONAL

Other languages _____

Customs you would like us to know about: _____

What holidays, (religious or ethnic), do you celebrate? _____

Age child began talking _____ Does child speak in words _____ Sentences _____

What arrangements can be made for childcare during illnesses? _____

TOILET HABITS

Is your child toilet trained? ☐ Yes ☐ No If yes, answer the questions that follow:

Can your child communicate his/her bathroom wishes? _____

Does your child have frequent toilet accidents? _____

If yes, how does your child react to them? _____

SOCIAL

Does your child spend time with both parents? _____

If you are separated, how often does your child see the absent parent? _____

Has your child participated in playing with other children? _____

By nature, is your child: ☐ Friendly ☐ Aggressive ☐ Shy ☐ Withdrawn

How does your child show his/her feelings? _____

MEMBERS OF HOUSEHOLD AND THEIR RELATIONSHIP TO CHILD

Comments: In what particular way can we help your child? _____

