



Date Enrolled _____

Child's Name _____ DOB _____

Address _____

Mother's Name _____ Home # _____ Cell # _____

Address _____

Place of Employment _____ Work # _____

Father's Name _____ Home # _____ Cell # _____

Place of Employment _____ Work # _____

Authorized Person for Emergency Pick up

Name _____ Work # _____ Cell # _____ Relationship _____

Name _____ Work # _____ Cell # _____ Relationship _____

Name _____ Work # _____ Cell # _____ Relationship _____

Authorized Person for Pick up

Name _____ Work # _____ Cell # _____ Relationship _____

Name _____ Work # _____ Cell # _____ Relationship _____

Non authorized Person for Pick up

Name _____ Relationship _____

Name _____ Relationship _____

Allergy and or medical condition _____

Doctor Name _____ Phone # _____

Dentist Name _____ Phone # _____

Name/age of siblings _____

Name of previous child care _____

Child's interests _____



Preschool Social Resume

Child's Name: _____ Nickname _____

Family

Names of brothers & sisters

Names of others living in the home

Relationship to child

Does your child have pets? What are they?

FOOD

Describe your child's appetite: _____

Is your child allergic/sensitive to any foods? Please Identify _____

Self- Care

Does your child need help in the bathroom? Comment: _____

Can your child dress and undress themselves? Comment: _____

Social/Emotional Development

Does your child separate easily from you? _____

Is your child afraid of anything? _____

Does your child have a favorite toy, blanket, or soother? _____

How does your child show feelings? Affection: _____ Fear: _____

Frustration: _____ Anger: _____ Excitement: _____