

**Kinder Haus
Student Information
Ages 3-6**

Name _____ Date of Birth _____

Medical

1. Does your child have any health problems?
2. Has he/she ever been hospitalized?
3. Had any surgical procedure?
4. Are there any health problems to which your child is prone, or that our staff should be made aware of?
(Ex. Tubes in ears)
5. Does your child have any allergies?
6. What communicable diseases has your child had? (chicken pox, measles, strep throat)
7. Has your child ever been evaluated for any delays or disorders?

Eating Habits

Does your child...

1. have any special dietary needs?
2. sit down and have dinner with the family?
3. wait to be excused from meals?

Daily Activities

1. Is your child right or left handed?
2. Can he/she hold a pencil properly?
3. What is his/her favorite play activity?
4. How does your child express frustration?
5. Does your child follow directions?
6. Come when called?
7. Does your child speak English?
8. Does he/she express wants and needs verbally?
9. How much television does your child watch daily? weekly?

Sleeping Habits

1. Does your child sleep in his/her own bed?
2. Go to sleep alone?
3. What time does your child go to bed?
4. Awaken?
5. How many hours does he/she sleep per night?
6. Does he/she waken on his/her own?
7. Does your child nap during the day?

Please explain if your family is in the process of any kind of change at home.

Has your child ever been abused?

What forms of discipline do you use at home?

Are both parents consistent with the same discipline?

Are there any behavioral concerns that we should know about?