

First United Methodist Childcare Ministry

Learning Tree School
618 8th Street, Columbus, IN 47201
(812) 378-2825

Child Information Form

Child's Name: _____ Birth Date: _____ Class: _____

Please return this form with your first month's tuition payment. All answers are intended to help us become better acquainted with your child and will be kept confidential.

1. By what name do you usually call your child? _____
2. Does your child separate well from parents? _____
3. Has your child attended any school or group setting before? *Yes No*
If yes, please explain: _____
4. Does your child prefer to play alone, with playmates, with siblings, or with adults? Please circle all that apply.
5. Would you judge your child to be easily managed, fairly easily managed, or difficult to manage? Please circle one and explain, if necessary: _____

6. What concerns do you have about your child's present behavior? _____

7. Are there any fears, worries, or concerns your child has of which we should be aware? *Yes No*
If yes, please explain: _____

8. List any special interests or activities your child has: _____

9. Is your child toilet-trained? *Yes No*
Can your child decide when to go to the bathroom or does he/she need reminders? _____

What terminology does your child use for going to the bathroom? _____

10. Does your child have any physical disabilities of which the staff should be aware? *Yes No*
If yes, please explain: _____
11. Does your child have any allergies of which the staff should be aware? *Yes No*
If yes, please explain: _____
12. Is your child taking any regular medication? *Yes No*
If yes, please explain: _____
13. Does your child have any dietary restrictions? *Yes No*
If yes, please explain: _____
14. List your hopes and expectations for your child in our program: _____
