

St. Theresa Early Learning Academy Child Information Form

Learner's Name: _____ Age _____

List any prior playgroup or Preschool experiences:

 Child's interest and/ or hobbies (ex. cars, dolls, dinosaurs):

 Family interest and/ or hobbies (ex. fishing, camping):

 Allergies or medical conditions:

Self Help Skills:	No	Sometimes	Yes	Comments
I can dress/ undress myself				
I can feed myself				
I can use the toilet by myself				
I will ask for help when I need it				
I put away toys by myself				
I share with others				
I cry when I get upset or sad				
I may hit and/ or scream when I get mad				

Fine/ gross Motor Skills:	No	Sometimes	Yes	Comments
I can use crayons, pens or pencils appropriately				
I can cut with scissors independently				
I know how to use glue all by myself				
I play with playdoh				
I can ride a tricycle safely				
I can catch and/ or throw a ball				

Concepts:	No	Sometimes	Yes	Comments
I can recognize my written name				
I know how old I am				
I can count to 5				
I recognize the colors of the rainbow				
I recognize basic shapes				
I can do a simple puzzle by myself				
I can match things that are the same				

Language Skills:	No	Sometimes	Yes	Comments
I enjoy looking and/ or listening to stories				
I can write letters in my name				
I can say/ sing the alphabets				
I can recognize many of the alphabets				
I will ask a question				
I will answer a question when asked				
I can follow verbal directions				

Describe your child's day to day routine:

Bedtime:

Wake up time:

Nap time:

What do you hope your child will gain from attending our program? _____

What is your favorite thing about your child? _____

How does your child like to be comforted when sad or upset (ex. hugged, left alone, talking?) _____

Any additional information you would like to share with us: