**Personal Information Record for Preschoolers**

|  |  |  |
| --- | --- | --- |
| Name  | Birthday/Age | Sex \_\_\_\_\_\_ Male \_\_\_\_\_\_ Female |
| Parent’s Name | **Daytime phone** |
| 1. What is your child’s current daily sleeping schedule? |
| Morning wake-up time: | **Evening bedtime:** | **Does your child still nap?** |
| 2. What does your child find soothing or comfortable? |
| 4. How does your child react to strangers? |
| 5. What upsets or frightens your child? |
| 6. How does your child handle separation? |
| 7. List the foods your child enjoys eating. |
| 8. List any food your child strongly dislikes. |
| 9. What art activities does your child enjoy doing? |
| 10. What activities make him/her the happiest? |
| 11. Has your child begun potty training? |
| 12. This space is for any other information you wish to share about your child. |