



Preschool Child Information Sheet

Child's Name _____ Birthdate _____

| Names of Brother(s): | Ages: | Name(s) of Sisters: | Ages: |
|----------------------|-------|---------------------|-------|
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1. Does your child have any food allergies or dietary restrictions? ____Yes ____No
If yes, explain _____
2. Does your child have any allergies to medication? ____Yes ____No
If yes, explain _____
3. Does your child use the restroom independently? ____Yes ____No
4. What does your child call his/her bowel movement? _____ Urination _____
5. Does your child need help dressing or undressing? ____Yes ____No
6. Does your child take a nap? ____Yes ____No If yes, what time? _____
7. Does your child have any particular fears? ____Yes ____No
Explain _____

8. When your child is upset and/or crying, what does he/she find soothing, comforting?

Parent's Signature _____ Date ____/____/____

Mountain Lakes Country Day School
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