

# Pelican Place Pre-School and Development Center

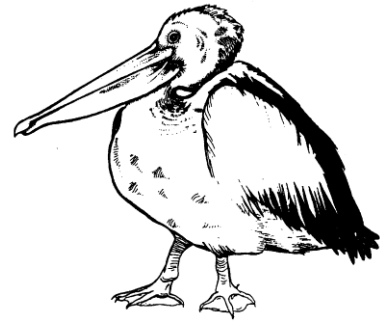
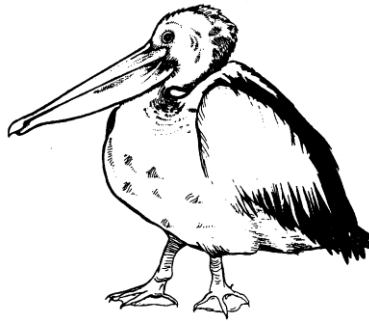
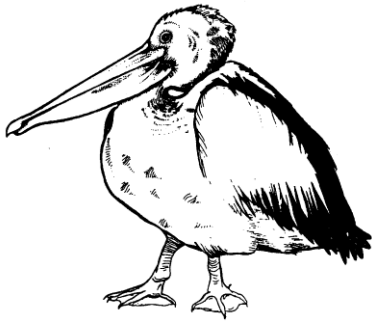
City of Cape May

Department of Civic Affairs

643 Washington Street

Cape May, NJ 08204

Office: Convention Hall – 609-884-9565



Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Occupations: \_\_\_\_\_

In Case of Emergency Child may be left with:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any current medical problems under treatment. Include all present medicines of which your child now receives, the dosage and when administered. List any allergies. Does the child wear glasses, hearing aid, corrective shoes, etc. \_\_\_\_\_

Please list siblings and their ages: \_\_\_\_\_

Do other family members live with immediate family: \_\_\_\_\_

Please underline any/all symptoms that best describe your child/children:

Very Active	Moody	Awkward	Friendly
Withdrawn	Poorly Coordinated	Quiet	Aggressive
Sensitive	Quick Tempered	Easily Confused	Dependent
Nervous	Short Attention Span	Easily Frustrated	Shy
Happy	Good Natured		

Please underline how your child reacts when tired, exhausted, and fatigued:

Sleepy      Lazy      Quiet      Excitable      Irritable      Stubborn

Are you aware of any tensional behavior such as nail biting, eye blinking, tantrums, tongue chewing or extensions, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe when most noticeable: \_\_\_\_\_

What hand does your child use eating \_\_\_\_\_ writing \_\_\_\_\_

Does your child nap? \_\_\_\_\_

How does your child react to being corrected /disciplined?

Cooperative      Rebellious      Cries      Tantrums      Sulks

Child's previous socialization experiences: (list camp, Sunday school, etc.)

\_\_\_\_\_

Does your child know his/her age and sex? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child know his/her birthday? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child know his/her telephone number? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child know his/her home address? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Abilities and Interests: Does your child have difficulty in any of the following areas (underline)

Speech      Removing clothing      Hearing      Dressing Self      Co-ordination

Feeding Self      Recognizing shapes/sizes      Recognizing colors      Zippering      Buttoning

Lacing      Distinguishing likenesses/differences      Caring for toilet needs      Following directions

Does your child have any special fears? \_\_\_\_\_

Please indicate degree of your child's interest in the following:

	Likes	Dislikes	Tolerates
Listening to stories	_____	_____	_____
Walking Trips	_____	_____	_____
Music	_____	_____	_____
Art	_____	_____	_____
Active Games	_____	_____	_____
Quiet Games	_____	_____	_____

Other Interests or Hobbies: \_\_\_\_\_

Does your child generally get along with other children? Yes \_\_\_\_\_ No \_\_\_\_\_

Which age group and sex does your child seem to play best?

Same age girls                      Older girls                      Younger girls

Same age boys                      Older boys                      Younger boys

This questionnaire, fully filled in, is essential in order for us to work an effective program for your child. A great deal of communication is also needed between the teacher and the parent(s). Parent /Teacher conferences may be necessary.

If you feel there is additional information that would benefit the teacher please note it here:

\_\_\_\_\_

\_\_\_\_\_

My child has permission to go on Walking Field Trips during the school year.                      Yes/No

My child has had a Physical recently and is in good health.                      Yes/No

My child may receive Emergency Medical Treatment if necessary.                      Yes/No

What Kindergarden will your child be attending when of age? \_\_\_\_\_

Parent(s) / Guardian(s) Signature & Date

\_\_\_\_\_

\_\_\_\_\_