



Hamilton County Pre-School
Record of Child Information

Child's Name _____ Nickname _____

Address _____

Phone Number _____ Birth Date _____

Cell Phone Number _____

Parent or Other Person(s) Placing the Child

Mother's Name _____

Address _____

Phone Number _____ Are You Employed? _____

Employer's Name &
Address _____

Employer's Phone Number _____

Hours of Employment _____

Father's Name _____

Address _____

Phone Number _____ Are You Employed? _____

Employer's Name & Address _____

Employer's Phone Number _____

Hours of Employment _____

Other Person To Notify If Person Placing The Child Cannot Be Reached

Name _____

Address _____

Phone Number _____ Relationship _____

Family & Social History (optional)

1. Marital Status of Parents:

_____ Married _____ Living Together

_____ Separated How Long? _____

_____ Single /Never Been Married

_____ Divorced How Long? _____

_____ Stepmother _____ Stepfather

Any special custody/living arrangements? _____

2. Brothers/ Sisters

Name _____

Birthdate _____ Year In School _____

Name _____

Birthdate _____ Year In School _____

Name _____

Birthdate _____ Year In School _____

Name _____

Birthdate _____ Year In School _____

3. Other Members in Household:

Name _____

Relationship _____ Age _____

Name _____

Relationship _____ Age _____

4. Who has cared for your child other than parent/guardian?

Relative _____ Adult or Teenager (please circle)

Sitter _____ Adult or Teenager (please circle)

Professional Day Care _____

5. Has your child had any play experience? _____

If yes, where _____

6. Can the child be relied upon to indicate his/her own bathroom wishes?

7. What word is used for urination? _____

8. What word is used for bowel movement? _____

9. Does the child need help with toileting? _____

10. What is your child's favorite toy? _____

11. Does your child take a nap? _____ Length _____ Time _____

12. How does your child usually go to sleep?

_____ by themselves _____ by rocking _____ being read to _____ other

13. Other comments or concerns _____

