



# New Frontiers Preschool Child Information Form

**Instructions for filling out this form:** New Frontiers embraces and celebrates the individual differences of all of our students. Any information you provide to us will only help us create a more individualized experience for your child. Please print all information clearly. If you have additional information to provide, please feel free to add it here or attach another sheet of paper with your child's name.

Child's full name: \_\_\_\_\_

Name you would like your child to be called:

\_\_\_\_\_

Today's date: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

## **Arrival**

Do you have any concerns about your child's arrival and drop-off at the center?

\_\_\_\_\_  
\_\_\_\_\_

What may help you and your child say good-bye to each other in the morning?

\_\_\_\_\_  
\_\_\_\_\_

## **Departure**

Do you have any special requests for or concerns regarding pick-up time?

(We will try to accommodate to the best of our ability.)

\_\_\_\_\_  
\_\_\_\_\_

## **Child's Current Schedule**

What time does your child typically wake up in the morning? \_\_\_\_\_

What time(s) does your child usually nap and when does he/she go to sleep at night?

\_\_\_\_\_

Is there any other information about your child's current schedule that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Diapering & Toileting**

Is your child toilet trained? \_\_\_\_\_

*If “No”, please refer to the “New Frontiers Toilet Learning Philosophy and Policies”.*

If your child is toilet trained, what level of independence does your child exhibit?  
(Communicating need, undressing/dressing, cleaning self, flushing toilet, washing hands, etc.)

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Does your child have potty related accidents? If so, how often and what are the general circumstances? (We fully understand and are sensitive to the fact that children engaging in Toilet Learning may have accidents.)

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Do you have any concerns about your child regarding Toilet Learning?

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Are there any special instructions for diaper changing or toileting?

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What words does your child use for the toilet, BM, urination, etc.?

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## **Sleeping**

What are indications that your child is getting tired and needs to sleep?

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What helps your child to fall asleep?

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What are any sleep-time routines you have in place at home?

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How does your child typically wake up? (Quickly or slowly, mood upon awakening, routines, etc.?)

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## **Eating**

What are some of your child's favorite foods?

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Are there any foods your child dislikes?

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Are there any foods you would prefer your child not eat?

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Does your child have any food allergies or special dietary needs? (Please be sure to also note these on the Allergies and Emergency Allergy Action plan form.)

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What is your child's typical meal and snack schedule?

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## **Dressing**

Does your child dress and undress independently?

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Is there anything we should know about dressing/undressing your child?

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## **Family Info**

The people who make up our family or are important people in my child's life (sometimes this includes people not related to us):

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People (and pets) who live in my house (include names and ages of siblings):

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The language(s) we speak at our house: \_\_\_\_\_

If your family speaks a language other than English, how can we support this in our

program? Do you need for us to provide written materials in a language other than English?

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Some of the things our family does together:

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Special foods, music, etc. our family enjoys:

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Some of our family's customs, traditions or celebrations (holiday-related, birthday, ethnic/cultural):

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How would you like us to support your child's heritage and cultural identity at New Frontiers?

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What would you like us most to know about your family and your child?

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**Social/ Communication**

What do you see as your child's strengths?

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Has your child attended a childcare program before? What were the general circumstances? (Time away from you, engagement with other peers, etc.) Is your child used to playing with other children?

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What goals do you have for your child while he/she is at New Frontiers?

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What do you most want your child to learn and/or what hopes do you have for your child while he/she is at New Frontiers?

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What are words that your child uses that would be helpful for us to be aware of, especially those used to describe their needs?

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Are there any areas in which you anticipate difficulty for your child? (sharing, following directions, etc.)

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Does your child have any physical limitations that we should be aware of? If so, please explain.

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Does your child have fears or worries that we should be aware of?

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How does your child act when he/she is unhappy or frustrated? How do you respond to your child's behaviors during these times?

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What are specific stressors or triggers for your child?

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Are there any other specific behaviors that we should be aware of? If so, what strategies or techniques work for you in managing or responding to these behaviors?

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How does your child respond to being given direction/redirection?

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