



Date: \_\_\_\_\_

# Social History

**NOTE: This form provides us with information critical to your child's placement. It also provides your child's teacher with information that will assist them in meeting your child's needs in the classroom. PLEASE TAKE YOUR TIME WHEN COMPLETING THIS FORM AND RETURN IT WITH THE ENROLLMENT PACKAGE.**

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Parent/Guardian: 1. \_\_\_\_\_ 2. \_\_\_\_\_

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

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

Email: \_\_\_\_\_

## Household Composition:

(Please include everyone who lives with the child. Use additional paper, if needed.)

Name	Relationship to the child	Sex	Age

Are there currently or have there been any issues/changes in your household during the past 12 months (i.e. new baby, new house, death, divorce or separation, family/caregiver health issues)? Please explain:

Who is the primary childcare provider during the weekdays?

Were developmental milestones reached within normal limits (i.e. walking and talking)?

If not, please explain:

Was your child born prematurely? If yes, please indicate how premature and if there are any medical and/or developmental issues associated with his/her birth.

Has your child ever received special services or is he/she currently receiving any special services? If yes, please explain:

Does your child have any health problems (e.g. environmental allergies, food allergies, heart murmur, etc.) or special needs that might interfere with your child's daily routine?  
Please explain:

Is physical activity restricted or limited by your pediatrician? Please explain:

What is the primary language spoken in the home?

Please note the following information/phrases in the child's primary language:

I need to use the bathroom. \_\_\_\_\_

I am hungry. \_\_\_\_\_

I am tired. \_\_\_\_\_

We are going outside. \_\_\_\_\_

We are having lunch. \_\_\_\_\_

Teacher: \_\_\_\_\_

Mommy is coming soon. \_\_\_\_\_

**Other Social/School Experiences:**

Has your child attended other schools or play groups? What was his/her experience?

Please explain:

**Communicating Feelings:**

How can you tell when your child is...

Happy? \_\_\_\_\_

Angry? \_\_\_\_\_

Frustrated? \_\_\_\_\_

Sad? \_\_\_\_\_

Afraid? \_\_\_\_\_

**Readiness:**

Describe your child's ability to:

\* Use the toilet independently: \_\_\_\_\_

Follow directions: \_\_\_\_\_

Attend to activities: \_\_\_\_\_

Initiate tasks: \_\_\_\_\_

Complete tasks: \_\_\_\_\_

Work independently: \_\_\_\_\_

Relate to others in a group: \_\_\_\_\_

**\* All children attending MCPK must be FULLY toilet trained!**

Does your child have any special interests? Please describe:

How does your child react to new situations/separation from his/her primary caregiver?

How can we make the transition into school easier for you and your child?

Please describe the type of learning environment and teaching style you feel would best suit the needs of you and your child.

**Feel free to add or attach any additional information that is pertinent to your child's enrollment at the Pre-K. Thank you for taking your time to complete this form.**