



PORTLAND CHRISTIAN SCHOOLS

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PORTLAND CHRISTIAN SCHOOLS
EARLY CHILDHOOD EDUCATION / SCHOOL AGE

SOCIAL INFORMATION

Child's Name: _____

Child's Siblings:

Name: _____ Gender: M F Date of birth: _____ School grade: _____

Name: _____ Gender: M F Date of birth: _____ School grade: _____

Names of other household members: _____

Has your child ever been in child care? Yes___ No ___ If Yes, why did you leave? _____

Does your child prefer to play: _____ alone _____ with playmates

_____ with sibling(s) _____ with adults

Does your child have imaginary playmates? Yes___ No ___

Does your child have any pets? Yes___ No ___ If Yes, why kind? _____

What are your child's favorite indoor activities? _____

What are your child's favorite outdoor activities? _____

List your child's favorite toys, play equipment, and books: _____

Your child's eating habits are: _____ Good _____ Average _____ Poor

Your child is most hungry for: _____ Breakfast _____ Lunch _____ Dinner

Does your child feed him/herself entirely? Yes___ No ___

Does your child nap during the day? Yes___ No ___ If Yes, at what time? _____

Is your child potty trained? Yes___ No ___ Can your child decide when he/she needs to go to the

bathroom or does he/she need a reminder? _____

Would you judge your child to be: _____ Easily managed _____ Fairly easily managed

_____ Difficult to manage

Are there any special circumstances in the family which may be a factor in your child's present behavior (divorce, death, new baby, recent move, hospitalization, etc.)? Yes___ No ___ If Yes, please explain: _____

In what ways would you like to see your child develop during this next year in our program? _____

Please add any additional comments which you feel will help us know your child better: _____

Thank you very much for helping us get to know your child!