



# West Bloomfield PRESCHOOL ACADEMY

5810 Commerce Rd.  
West Bloomfield, MI 48324

---

## Child Background Information

Child's First Name \_\_\_\_\_

Child's Middle Name: \_\_\_\_\_

Child's Last name: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: (Circle One)    Male    Female

Ethnic Background: (If you have multiple ethnic backgrounds, please circle **all** that apply)

Hispanic      Latino      Non-Hispanic

Race: If you have multiple racial backgrounds, please circle all that apply.

- Black/African American
- White/Caucasian
- American Indian/Alaska Native
- Native American/Other Pacific Islander
- Middle Eastern
- Arabic/Chaldean

Marital status of parents: \_\_\_\_\_

Custody/Visiting arrangements (If any): \_\_\_\_\_

Names of all household family members in your household (please be specific with relation to the child):

\_\_\_\_\_

Does your child have any allergies?

- YES
- NO

If so, please be specific on what allergies your child has and be sure to fill out a medical form:

\_\_\_\_\_



# West Bloomfield **PRESCHOOL ACADEMY**

Does your child have any special Medical/Physical/Emotional/Language concerns?

---

What is the primary language spoken in your home? \_\_\_\_\_

Does your child have any Childcare/Preschool experiences? (If so, where? Location?)

(Be specific) \_\_\_\_\_

What time does your child go to bed at night (bed time)? \_\_\_\_\_

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

Does your child take a nap/rest:

- YES
- SOMETIMES
- NO

What term does your child use for going to the bathroom? \_\_\_\_\_

Does he/she have frequent accidents?

- YES
- SOMETIMES
- NO

Does your child understand safety rules (staying with an adult while outside, holding a hand before crossing a street etc.) or is he/she still learning (this is OK)?

- YES
- SOMETIMES
- NO

Does your child get upset when they are detached from you?

- YES
- SOMETIMES
- NO

What kind of adult initiated strategies are used at home when your child is having a difficult behavior? (deep breaths, consequences, timeouts etc.).

---

What other information would you like to see us do to best support your child this school year?

---

---