

St. Gertrude's Preschool

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www.stgertrudesprek.org



OFFICE USE

Teacher:

BACKGROUND INFORMATION FORM

2024 - 2025 School Year

Child's Name _____ Girl Boy

Address _____ Date of Birth _____

Home Phone _____ Cell Phone _____

List siblings and their ages _____

Is your child toilet trained? Yes No Describe assistance needed _____

Words used to inform adult they need to use the toilet _____

Does your child have any special fears? _____

Does your child have any problems with vision or hearing? Yes No

If so, please explain _____

Does your child have any health problems that we should be aware of? Yes No

If so, please explain _____

Is your child currently taking any medications? If so, list medication and reason _____

Does your child have any allergies? Yes No

If so, please list allergens and attach a Food Allergy and Anaphylaxis Emergency Care Plan if needed.

Does your child have an attachment item? _____

Does your child use a sippy cup? _____

Does your child use a pacifier? _____

Who watches your child outside of preschool? _____

Does your child nap? If so, when? _____

What types of snacks does your child eat? _____

What is your child's dominant language? _____

Does your child receive special services? If so, for what? _____

Are there any food or drinks that your child should not have? _____

List illnesses/surgeries your child has had: _____

Does your child have frequent:

- Colds Ear-aches Sore Throats Stomach-aches Fevers

Has your child had any serious accidents or injuries? Yes No

If so, please explain _____

Additional Comments _____
