



Hodges Boulevard Presbyterian Church Preschool  
4140 Hodges Boulevard  
Jacksonville, FL 32224  
Tel: (904) 254-7304

Child's Name: \_\_\_\_\_ Child's Nickname: \_\_\_\_\_  
Birthday: \_\_\_\_\_

What setting was your child in last year (daycare facility, full day preschool, relative's house, etc.)?  
\_\_\_\_\_

- How many hours was he/she outside of the home? \_\_\_\_\_
- How many other children was your child in this setting with? \_\_\_\_\_

**Home Life:**

Who lives in the home? \_\_\_\_\_

Who is/are the child's primary caretaker(s)? \_\_\_\_\_

Does the child have any brothers and sisters (names, ages)? (Please note if they attended HBPC Preschool) \_\_\_\_\_

Have there been any major changes in the household since your child has been born? (A new sibling, change in primary caregiver, death of a close family member, divorce etc.)  
\_\_\_\_\_

Has your family experienced homelessness or unemployment since your child was born?  
\_\_\_\_\_

What is your primary form of discipline with your child?  
\_\_\_\_\_

How do you guide your child's behavior to do something when he/she does not want to?  
\_\_\_\_\_

Has your student been Toilet Trained? If so, for how long? (age in years and months)  
\_\_\_\_\_

Does your child have any issues related to going to the toilet or bowel problems? (Please provide specific details around use of pullups during nap and nighttime, frequency of accidents, approach you and/or your doctor are taking, need for resources for potty training, etc.)  
\_\_\_\_\_

How many hours does your child sleep at night? \_\_\_\_\_

How many hours does your child nap each day? (Please include any specific routines that you may use with napping that you think are important for us to know.)  
\_\_\_\_\_

**Personality:**

How would you characterize your child’s interaction with family members, friends, teachers, other adult figures? Check all that apply.

Playful	Inquisitive	Talkative	Loving	Perfectionist	
Curious	Sneaky	Bossy	Demanding	Cautious	
Defiant	Moody				

**Child Background Information:**

I have had questions or concerns about the following areas of my child’s development or experience, at some point since birth. Check all that apply. Medical and Developmental

Preschool/Daycare Experience:	Medical:
Struggle with drop off	Any unexpected or sudden falls
Speaking and Social Relationships	Major Changes (new baby, divorce, move, loss of pet or family member)
Extended/intense tantrums (pushing, kicking, hitting, very loud etc.)	Recurring illnesses (infections, stomach ailments, Sinusitis, bronchitis etc. OTC medications -
Aggression towards adults or other children	Surgeries/ Therapies
Eye contact, smiling, babbling, crying	Fevers, fussiness, sensitivities etc.
Crawling, walking etc.	Chronic conditions (asthma, serious allergies)

**I Want My Child’s Teachers to Know...** Please use the space below for any other comments, concerns, questions, or effective strategies that you use at home with your child not mentioned above.

Please explain in detail how anything checked above. ( Use back if needed)

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All questions are optional but helpful. Your responses will help our team be best prepared for supporting your child and making their transition into HBPC Preschool a smooth transition. Responses have no impact on enrollment; your child is a member of the HBPC Preschool Family!

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

