



PERSONAL INFORMATION SHEET  
(For UUM teachers' use only)

UUM PRESCHOOL  
6901 WASHINGTON AVE.  
ST. LOUIS, MO. 63130  
PH: 314-863-7904  
FAX. 314-863-7904

NAME \_\_\_\_\_ WHAT SHOULD WE CALL HIM/HER? \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WHAT SHOULD WE CALL

YOU? \_\_\_\_\_ WHAT IS YOUR JOB? \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WHAT SHOULD WE CALL

YOU? \_\_\_\_\_ WHAT IS YOUR JOB? \_\_\_\_\_

OTHER PERSONS IN YOUR HOME

RELATIONSHIP TO CHILD

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REGULAR BABY SITTER OR NANNY \_\_\_\_\_

WHAT KIND OF PETS DO YOU HAVE? WHAT ARE THEIR NAMES? \_\_\_\_\_  
\_\_\_\_\_

IS YOUR CHILD ADOPTED? \_\_\_\_\_ DOES HE/SHE KNOW THIS? \_\_\_\_\_

HAS YOUR CHILD PREVIOUSLY ATTENDED PRESCHOOL OR BEEN IN DAYCARE?  
\_\_\_\_\_

DESCRIBE ANY GROUP PLAY EXPERIENCES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW MUCH TV (INCLUDING VIDEOS AND DVDS) DOES YOUR CHILD WATCH?  
\_\_\_\_\_

WHEN AND WITH WHOM DOES SHE/HE WATCH? \_\_\_\_\_

HOW OFTEN ARE BABYSITTERS USED? \_\_\_\_\_

IS YOUR CHILD COMPLETELY TOILET TRAINED? \_\_\_\_\_ ARE THERE FREQUENT ACCIDENTS \_\_\_\_\_ WHAT ARE YOUR FAMILY WORDS FOR TOILETING?

OVER

WHAT IS YOUR CHILD'S BEDTIME? \_\_\_\_\_ WAKING TIME? \_\_\_\_\_

DOES YOUR CHILD NAP? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL FEARS? \_\_\_\_\_

DESCRIBE YOUR CHILD'S FAVORITE INDOOR PLAY \_\_\_\_\_

DESCRIBE YOUR CHILD'S FAVORITE OUTDOOR PLAY? \_\_\_\_\_

HAS YOUR CHILD HAD ANY ISSUE THAT WOULD CONTRIBUTE TO DEVELOPMENTAL DELAYS?

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT (ie. Speech/language)? \_\_\_\_\_

PLEASE DESCRIBE HOW WE CAN BEST SERVE YOUR CHILD THIS YEAR. WHAT CAN WE DO TO MEET ANY SPECIAL GOALS OR NEEDS? \_\_\_\_\_