



### **Early Learning History**

**Has your child been in early learning and/or childcare prior to Kindergarten?**      Yes      No

**If so, was it a:** (Circle or Check One)      Full Time      Part Time

**Name of Center** \_\_\_\_\_

**Type of Center:**  Licensed center  Unlicensed home-based non-relative  Home-based relative

Your home relative  Your home non-relative  Family child care

**Peer Interaction:**  With Similar Aged Children  With Younger Aged Children  With Older Aged Children

**Has your child attended any other classes? (church/sports/lessons)** \_\_\_\_\_

**Have you or your child attended any parent/child centers? i.e: StrongStart, Family Resource Program etc. Please list:** \_\_\_\_\_

### **More Information about your child**

Extra-curricular activities planned for this year: \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

What activities do you and your child like to share? \_\_\_\_\_

What are his/her likes and dislikes? (ie sensory or activities) \_\_\_\_\_

Do you have any other concerns? i.e. social, emotional, etc. \_\_\_\_\_

Additional information about your child that may be helpful for the teacher to know: \_\_\_\_\_