

Pixie Preschool Student Profile Form

Child's name: _____

Date of birth: _____

Parent/Guardian Name: _____

Parent/Guardian email: _____

Days of attendance:

Mon Tues Wed Thurs Fri

Class attendance times: _____ to _____

Class:

Kindergarten Toddler Nursery Pre-K

I. About Your Child

1. How did you hear about Pixie Preschool?

2. What is your main reason for sending your child to Pixie?

3. What time does your child go to bed at night / wake in the morning?

2. What do you consider your child's most desirable traits?

3. What do you consider your child's least desirable traits?

4. Is your child right or left handed?

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Parent/Guardian Initials _____

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5. What language/s is spoken in your home?

6. Please list your child's most liked foods

7. Are there any foods that should not be served to your child?

8. Does your child usually take naps? How long? Times of naps?

9. Does your child have any fears such as dogs, sirens, storms, etc?

10. How many children in your family and ages?

11. Please list people presently living in your household

12. Type of pets in the home?

13. Has child been in a school or childcare environment prior /if yes explain?

14. What are your child's favorite activities?

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15. What activities does your child spend most of his waking hours doing at home?

16. How does your child respond to duties at home and what are they?

17. What characteristics in your child's development would you like?

Encouraged?

Discouraged?

18. Is your Child involved in any extracurricular activities? Yes No

If yes, list activities and schedule:

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Self-Care

Does your child need any help with dressing? Yes No

If yes, please list:

Does your child need any help with toileting? Yes No

If yes, please identify:

Social/Emotional Development

How does your child show feelings?

Affection: _____ Fear: _____

Frustration: _____ Anger: _____

Excitement: _____

19. Does your child make new friends easily?

20. Does your child have any particular habits or mannerisms such as thumb sucking or nail biting? If so please describe _____

21. What are your accustomed methods of reassuring and rewarding your child?

22. What are your accustomed methods of responding to your child's negative behavior?

23. Is your child taking any medications?

24. Does your child have any recurring illnesses? I.e.: asthma, ear infections, eczema, or chronic illnesses etc.

25. Religious affiliation? _____

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II. Allergy Survey

This survey is designed to obtain information concerning life-threatening allergies. Please be sure the completed survey is returned prior to your child's first day of school.

1. Does your child have a life-threatening allergy? Yes No
2. Does your child have any allergies, which produce any of the following symptoms following exposure to a particular material or food?
 - a. difficulty breathing or swallowing Yes No
 - b. fainting or collapse Yes No
 - c. swelling of the tongue lips or face Yes No
 - d. other (specify) _____ Yes No
3. Have any of the questions referred to in question 2 occurred after:
 - a. eating a particular food? Yes No
 - b. receiving an insect bite? Yes No
 - c. receiving a sting? Yes No

IF YOU RESPONDED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTINUE.

4. Has your child been seen by a medical professional for the treatment of an allergic reaction? Yes No

5. Has your child been tested for allergies? Yes No
If yes, indicate types of tests and results

6. Have you been told by your medical professional that your child requires an emergency medical kit available in the school? Yes No
If yes, what specifically is required to have at school

7. What foods or materials must your child avoid

8. Name of family Physician _____ **Phone:** _____

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III. Photo Display Consent

As part of our preschool programs, we will photograph the projects and activities the children are involved in. We may also photograph children with specific medical needs in order to assist Pixie Preschool employees in responding to potential emergencies.

These photos are displayed in various areas of the school: in classrooms, entrances to classrooms, kitchen area and other areas deemed appropriate by the Director. **These photos are not displayed on our website or in any public areas without prior parental/guardian written consent specific to that display.**

I _____ authorize Pixie Preschool to display a picture of
(Name of parent/guardian)

_____. In cases of medical need, I authorize that this photo
(name of student)

will also list that this is a person with _____.
(medical condition)

I agree that the information provided on this form will be shared, as necessary, with the staff of the school and other Health care professionals as relevant to my child's health and safety.

(Date Signed) (Parent / Guardian signature)

(Date Signed) (Parent/ Guardian Signature)

If you have any questions comments or concerns regarding any of the questions in this profile, please contact the school at 603 437.0189 or info@pixie-preschool.com.