



**PARENTS FOR EDUCATION FOUNDATION (PAREF), INC.**  
**Student Information Sheet**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
FAMILY FIRST M.I. MM /DD /YEAR

Address \_\_\_\_\_ Tel. No/s \_\_\_\_\_  
 \_\_\_\_\_

Child's birth order: \_\_\_\_\_ of \_\_\_\_\_ children Language/s spoken at home \_\_\_\_\_

Child's previous group experience, if any (daycare, childcare, preschool, etc.) \_\_\_\_\_

Number of adults at home (family + others) \_\_\_\_\_ Number of children at home (including the child) \_\_\_\_\_

1. Please write five adjectives that best describe your child.  
 \_\_\_\_\_
2. What are your child's favorites (food, things, characters, places, activities, etc.)?  
 \_\_\_\_\_
3. What are your child's dislikes or aversions (food, things, characters, places, activities, etc.)?  
 \_\_\_\_\_
4. Does your child watch TV/Youtube? \_\_\_\_\_ How long does h/she watch TV/Youtube in a day? \_\_\_\_\_
5. What can your child do for himself/herself?  
 \_\_\_\_\_
6. What qualities do you think need strengthening in your child?  
 \_\_\_\_\_
7. How does your child communicate at his/her present stage?  
 \_\_\_ mostly thru actions \_\_\_ mostly thru words \_\_\_ equally thru actions and words
8. What are the child's activities w/ the mother? \_\_\_\_\_ What are the child's activities w/ the father? \_\_\_\_\_  
 \_\_\_\_\_
9. How does your child relate with other adults?  
 \_\_\_\_\_
10. What are demanded of the child (i.e., the child has to obey)?  
 \_\_\_\_\_
11. For what misdeeds is your child usually scolded?  
 \_\_\_\_\_
12. What is your accustomed mode of disciplining your child? Who handles the child's discipline at home?  
 \_\_\_\_\_
13. How does your child react when frustrated or does not get what he/she wants? What is your child's usual reaction to discipline?  
 \_\_\_\_\_
14. What is your accustomed mode of rewarding your child?  
 \_\_\_\_\_



15. How does your child: Show affection? Respond to affection?

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16. How does your child relate with other children?

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17. What difficulties or conflicts does your child get into with other children? How are these resolved?

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18. Is your child right or left handed?     \_\_\_ Left     \_\_\_ Right     \_\_\_ Handedness not yet established

19. Does your child have any allergies or dietary needs?

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20. Does your child have particular eating habits that the school should know about?

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21. Does your child have any health problems or learning issues that the teacher should be aware of?

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22. Is your child toilet trained? \_\_\_\_\_ What word or behavior does he/she use as a bathroom cue? \_\_\_\_\_

23. What is your child's regular naptime? \_\_\_\_\_ Bedtime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

24. What chores is your child expected to do at home?

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25. Please give any further information which you feel would help us better understand your child:

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26. What are your most important goals for your child's education?

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**Date Accomplished:** \_\_\_\_\_ **Parent's Name & Signature:** \_\_\_\_\_