



2009-2010

Any allergies _____
Medication _____

Help Us Know Your Child

Please note that this information is for the **CONFIDENTIAL USE** of the teachers who will be working closely with your child throughout the school day. Each teacher will truly benefit from your responses. Thank you for your help and consideration with this form.

Child's Full Name _____ Name that they use _____

Home Address _____ Zip _____ Phone _____

Birthday _____ Sex _____ Siblings _____

Mother's Name _____

Where she can be reached during the day _____

Mom's profession and special field of interest _____

Is Mom current working outside the home? _____

Dad's Name _____

Place of employment _____

Father's profession and special field of interest: _____

Marital Status of Parents:

Married _____ How long? _____ Separated _____ How long? _____

Divorced _____ How long? _____ Remarried _____ How long? _____

Stepfather _____ Stepmother _____

Custody/Visiting Arrangements _____

If child is adopted (Optional)

Age at adoption? _____ Does child know that he/she is adopted? _____

Remarks: _____

DEVELOPMENTAL HISTORY OF CHILD

Age at which child:

Crawled _____ Sat alone _____ Walked _____

Named simple objects _____ Repeated short sentences _____

Slept through the night _____ Began toilet training _____

Self help skills: Can dress himself/herself _____ Undress himself/herself: _____

Right-handed _____ Left-handed _____

BEHAVIOR PATTERNS

Does your child follow a daily routine? _____ How does your child react to a change in routine? _____

What time does your child usually eat breakfast _____ Lunch _____ Dinner _____

What time does your child go to bed? _____

Does your child sleep well? _____

Does your child have any special fears? _____

If so, how are you dealing with them? _____

Are there any known speech and/or language issues or delays? _____

If so are they in speech therapy? _____ How many hours a week? _____

Hearing impairment ? _____ Vision impairment? _____

Are there any areas of concern we should be aware of? _____

What method of guidance do you use with your child _____

HOME AND PLAY EXPERIENCES

Sibling Information:

Name _____ Birthday _____ Sex _____

Name _____ Birthday _____ Sex _____

Name _____ Birthday _____ Sex _____

Name _____ Birthday _____ Sex _____

Other members of your household? _____ What is the relationship? _____

Does anyone visit frequently or for long periods? _____

If both parents are away from home during the day, please state arrangements for your child's care when he/she is not at school? _____

What has been your child's previous preschool experience? _____

Is your child part of a playgroup? _____ Does your child enjoy playing alone? _____

What kind of indoor play activities does your child enjoy? _____

What kind of outdoor play activities does your child enjoy? _____

Does your child enjoy a daily reading experience? _____

Anything else you would like us to know about? _____
