



INTRODUCE US TO YOUR CHILD

Please introduce us to your child. This information is for the confidential use of the teachers who will be working with your child. Answers beyond yes and no are helpful.

Child's Full Name _____ **Date of Birth** ___/___/___
Name Called _____ **Male** _____ **Female** _____
 Street Address _____
 City _____
 Zip Code _____ Home Contact Number (_____) _____
 Mother's Name _____ Profession _____
 Travel? yes no If yes, how frequently? _____
 Father's Name _____ Profession _____
 Travel? yes no If yes, how frequently? _____

Parent Information

Married? _____ Widowed (how long)? _____ Separated (how long)? _____
 Divorced (how long)? _____ Stepfather (how long)? _____
 Stepmother (how long)? _____
 Comments _____
 If divorced or separated do you have sole custody or shared custody? _____

If child is adopted (optional)

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

Siblings and Family Members

Sibling Name _____ DOB ___/___/___ Sex _____
 Sibling Name _____ DOB ___/___/___ Sex _____
 Sibling Name _____ DOB ___/___/___ Sex _____
 Other members of household and relationship. (Please include full time caregivers and length of service.)

If parents are away during the day, please state arrangements for child's care when he/she is not at school:

What are your ideas about toilet training?

Family Life

Family pets _____
 Family experiences that have influenced your family and child: (Example: A recent move or death.)

 What language is spoken at home? _____
 Does your child have opportunities to experience other languages? yes no If yes, what languages?

 Does your child enjoy a daily reading experience with an adult? yes no
 When and with whom does child watch television? _____
 Favorite shows and/or characters? _____
 How much time does your child spend on other electronic devices such as an iPad _____
 Does child enjoy music? yes no

Developmental History of Child

Approximate age at which your child: Walked _____ Repeated short sentences _____
Slept through the night _____ Completed toilet training _____
Does your child show a preference for the right or left hand? _____ right _____ left _____ none

Behavioral Habits

Does your child follow a day to day routine?

How does your child react to changes in a daily routine?

Is your child a good eater? yes no Does the family have mealtimes together? yes no
What time does your child go to bed at night? _____ Awaken? _____
Does your child nap? yes no When? _____ How long? _____
Does your child have any special fears? _____
What causes your child to show his/her temper? _____
What methods of behavior discipline are used in your home?

Play Experiences

Has your child had experience playing with other children? yes no
Has your child had experience in full time child care? yes no
Has your child had experience in another pre-school? yes no
Does your child enjoy playing alone? yes no
Your child's favorite indoor play activities:

Does your child have special interests or skills?

Is your child involved in group activities, such as play group, dance, gymnastics, etc? yes no
If yes, please list. _____
How would you describe your child's personality?

What are your expectations regarding your child's experience at our school?

Is there any other information that you feel is important that the teacher should be aware of?

(please attach additional information if necessary)

Signature of Parent Completing Form _____ **Date** _____