

Date

About My Child

In order to help us meet your child's individual needs, please take some time and fill out this form below for each of your children. This information will only be shared with your child's teachers.

Child's Name:		Nickname:		Date of Birth:	
Family:					
Parent's Names:		Does your child live with both parents?	Yes No	If not, with whom does s/he live?	
Number of Brothers:		Name /Age		Name /Age	Name /Age
Number of Sisters:		Name /Age		Name /Age	Name /Age
Any siblings living outside the home?	Yes No	Name/type of pets at home (or Grandma's, etc.):			
School experience:					
Has your child been previously enrolled in any other programs?	Yes No	Name of Program:		Teacher(s):	
Is your child enrolled in other classes/activities during the school year?	Yes No	Name of Program:		Teacher(s):	
Medical/Physical:					
Sleep habits:	Approximately how many hours of sleep per night?			Daytime naps?	
Toilet habits:	Is your child toilet trained?	Yes No In the Process	Will your child ask to use bathroom or will they need reminded?	Ask Need Reminded	What are the words you use at home for toileting?
Medical:	Are there any special situations about which your child's teacher should be aware (allergies, medications, etc.)?				

Personality Traits:

How would you describe your child's personality?			
Is this his/her first experience outside the home?	Yes No	If not, how does your child respond to directions from teachers or other adults?	
How does your child react to new situations?	Shy Eager Nervous Cries	Does your child typically:	Play alone Play with others Play actively Play quietly Tire easily
What is your child's favorite toy, activity or game?		Does your child have a special toy or lovey?	
What is the best way to comfort your child when s/he is upset?			
General:			
Are there any family situations that you feel would help us to better understand your child (schedules, births, deaths, divorce, other caretakers, etc.)?			
What do you hope to gain from this school experience?			
Is there any other information that you would like to add about your child?			