

GENERAL INFORMATION

- Name by which your child is most often called: _____ Age: _____

- Number of children in family: _____
Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

- Is there an extended family (step family) we should know about? _____

- Has your child had any previous school, play group, day care, or babysitter experience?
Please describe. Was this a positive experience? _____

- How does your child relate to adults? to men? to women?

- How does your child relate to other children? _____

- Have there been any major changes in the family constellation; any crises in your
family, such as medical problems, divorce, etc., which may have affected your child?

- Was your child born more than two weeks early or late? _____

- Do you have any concerns regarding your child's physical or emotional development?

- Does your child have any particular fears, such as loud noises or certain animals?
Please describe. _____

- What is your usual method of reassuring and rewarding your child? _____

- What are some of your child's favorite activities, interests, and toys? _____

- What are your usual methods of disciplining your child? _____

- Which method(s) does your child respond to best? _____

NECESSARY INFORMATION

• Do you have any particular discipline concerns you would like us to be aware of?

• Does your child have any allergies? Yes _____ No _____ To what? _____

• What are the symptoms/effects of the allergy? _____

• Do you have any particular concerns about your child's eating habits or schedule?

• Does your child have any special medical conditions? (i.e., asthma, epilepsy)

• Is your child toilet trained? _____

• How does your child communicate his/her need to use the toilet? _____

• Does your child nap? _____ At what time(s)? _____

• What is your usual method of putting your child to sleep? (e.g., sing or read a story? blanket or stuffed toy? pacifier? warm bottle?) _____

• What is his/her night time sleeping schedule? _____

• Is there anything else you would like your child's teachers to know in caring for him/her? _____

• Do you (parents/guardians) have any resources, hobbies, interests or skills you would be willing to share with the classroom (e.g., baking bread, storytelling, playing an instrument, carpentry, etc.)? _____

parent's signature

date