Form 3 of 4 **St. Peter's ECDC Confidential Information Form** **2026-2027**

All About my Family. (Answers beyond yes and no are very helpful to our teachers)

Child's Full Name _____ Gender (circle) **M** **F** DOB:____/____/____

Does your child go by a different name? (if yes, please specify) _____

Names of Parent or Legal Guardian _____

Mother's Name _____ Cell Number (_____) _____

Mother's profession or special field(s) of interest:

_____

Father's Name _____ Cell Number (_____) _____

Father's profession or special field(s) of interest: _____

Marital status of parents: Married ____ Separated ____ Divorced ____ Other _____

Are there any custody or visitation arrangements? **Y** ____ **N** ____ *(If yes, please provide copy of court documents.)*

In cases where an enrolled child is the subject of a court order (ex: Custody Order, Restraining Order, or Protection from Abuse Order) the ECDC Director must be provided with a Certified Copy of the most recent order and all amendments. In the absence of a court order on file with ECDC administration, both parents shall be allowed equal access to their child as stipulated by law.

Who will be responsible for daily drop-off/pick up? _____

Name of stepparent(s) _____

If child is adopted, age at adoption. _____ Does child know that he/she is adopted? **Y**____ **N** _____

What is the primary language spoken in the home? _____

What is the child's primary language? _____

What would you like us to know about your family background, culture or beliefs that would be helpful to your child's teachers? _____

_____

_____

Who lives in the child's home?

Name _____ Gender _____ Age _____ Relationship to Child _____

Name _____ Gender _____ Age _____ Relationship to Child _____

Name _____ Gender _____ Age _____ Relationship to Child _____

Name _____ Gender _____ Age _____ Relationship to Child _____

Name _____ Gender _____ Age _____ Relationship to Child _____

Name _____ Gender _____ Age _____ Relationship to Child _____

Name _____ Gender _____ Age _____ Relationship to Child _____

Any frequent or long-term visitors not living in the home?

_____

Does your family have a church home? **Y**_____ **N**_____ If yes, where? _____

Family interests or activities _____

Names and types of family pets _____

Family experiences that have influenced your child such as a move, serious illness, or recent vacation?

_____

_____

Physical and Developmental Information:

Was your child born premature? **Y**_____ **N**_____ Gestational age _____

Is your child on any long-term medication or special diet? **Y**_____ **N**_____ If yes, please provide more information:

_____

_____

Has your child undergone any evaluation or testing (Speech, OT, PT, behavior, ECI, medical, school district)?

Y____ **N**____ If yes, please describe the nature of the evaluation or testing: _____

_____

Has your child received any kind of therapy in the past 12 months? **Y**_____ **N**_____ If yes, please describe the nature of the therapy:

_____

_____

Has your child been identified with any developmental delays or behavioral challenges currently or previously?

Y_____ **N**_____ If yes, please describe the nature of these needs: _____

_____

Please list the names of any programs or special services that your child is receiving and the names of any contact persons

_____

_____

_____

If you answered yes to any of the Physical and Developmental information questions, the Director may be contacting you for further information. If your child has undergone an evaluation or is currently receiving special services or therapy, please include a copy of the most recent evaluation and progress reports with the enrollment paperwork. This information is needed to provide the most supportive environment possible for your child.

<u>All About Me</u>:

Please introduce your child and provide any information you feel will be helpful for a successful school year at ECDC

Is this your child's first preschool experience? **Y**_____ **N**_____ If no, where else has your child attended?

_____

Is your child enrolled in other schools in addition to St. Peter's ECDC? **Y**_____ **N**_____

If yes, where? _____ How many days a week?_____

Does your child have opportunities to play with other children? **Y**_____ **N**_____

Does your child enjoy playing alone? **Y**_____ **N**_____

Is your child involved in group activities, such as play groups, dance, gymnastics, soccer, etc.? **Y**_____ **N**_____

If yes, please list _____

Is your child potty trained? **Y**_____ **N**_____

If yes, what words are used regarding bathroom use? _____

If no, where are you in the potty-training process (age 3 and up)?

_____

Does your child have any related concerns or fears with toileting? **Y**_____ **N**_____

If yes, please explain. _____

Does your child have any fears? **Y**_____ **N**_____ If yes, what are they? _____

How are you dealing with them? _____

Does your child have a "lovey"? **Y**_____ **N**_____ If yes, what is "lovey" called? _____

When is this comfort item needed? _____

Does your child follow a regular routine during the day? **Y**_____ **N**_____

How does your child react when there are changes in their routine? _____

_____

Does your child nap? **Y**_____ **N**_____ If yes, for how long _____

What time does your child normally go to bed and wake up? _____

How often does your child eat per day? _____ Does your child enjoy mealtimes? **Y**_____ **N**_____

If no, please describe your child's behavior _____

_____

Is your child easily angered? **Y**_____ **N**_____ Does this happen often? **Y**_____ **N**_____

How do you deal with it? _____

_____

What method of behavior management is used in your home? _____

_____

Do you find this effective? _____

Favorites

Favorite foods? _____

Favorite play materials _____

Favorite games_____

Favorite indoor activities _____

Favorite books, stories, and songs _____

Favorite characters (books or shows) _____

Favorite outdoor activities _____

Please describe your child's typical day

_____

_____

_____

_____

_____

_____

What are your goals and expectations regarding your child's preschool experience?

_____

_____

_____

_____

What are your expectations from your child's teacher?

_____

_____

_____

_____

_____

_____

Is there any other information you would like to share about your child? (Describe your child's personality or temperament, slow to warm, easy, imaginative, independent, special skills, interests etc.)

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Parent or Guardian **Date**