

Please introduce your child. Answers beyond yes and no are helpful.

Child's Full Name _____ Gender _____ Date of birth _____

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

Home Address _____ Zip _____

Subdivision _____ What is your school district _____

Names of Parents or Legal Guardians _____

Mother's name _____ Mobile number () _____

Secondary number () _____ Email _____

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

Father's name _____ Mobile number () _____

Secondary number () _____ Email _____

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

Marital status of parents: _____ married _____ separated _____ divorced _____ other

Custody visiting arrangements _____

Do conditions of custody arrangement require custody documents to be on file? Yes ____ No ____

Name of step-parent(s) _____

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

Additional information _____

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

Does your child have any allergies? _____
Does your child require a prescription Inhaler or EpiPen / Auvi-Q? Yes ____ No ____

For Office Use Only: Class/Age/Days: _____

Names of other children in the family (exclude child in this report)

Name _____ Gender ____ Age ____ School they attend _____

Name _____ Gender ____ Age ____ School they attend _____

Name _____ Gender ____ Age ____ School they attend _____

Other members of the household? _____

Relationship to your child? _____

Any frequent or long-term visitors? _____

What is your child's primary language? _____

What is the parent'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 teacher? _____

Is this your child's first preschool experience? **Yes** or **No**

Is your child enrolled in other schools in addition to St. Peter's? **Yes** or **No**

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

Does your child attend Sunday church school? _____ Where? _____

Is your child potty trained? _____

What words are used regarding bathroom use? _____

Does your child have any related concerns or fears? _____

Does your child have any other fears? _____

If yes, how are you dealing with them? _____

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

Please describe your child's typical day _____

Does your child nap? _____ For how long? _____ Does your child have a "lovey"? **Yes** or **No**

If yes, what is "lovey" called? _____ When is it needed? _____

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

Does your child follow a regular routine during the day? Yes or No

How does your child react to changes in their routine? _____

Does your child enjoy meal times? _____

What are your child's favorite foods? _____

Is your child easily angered? _____

Does this happen often? _____ How do you deal with it? _____

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

How does your child react? _____

Does your child have opportunities to play with other children? Yes or No

Does your child enjoy playing alone? Yes or No

Favorite play materials _____

Favorite indoor activities _____

Favorite outdoor activities _____

Favorite books, stories and songs _____

Favorite characters (books or shows) _____

Family interests or activities _____

Names and types of family pets _____

Is your child involved in group activities, such as play groups, dance, gymnastics, church, soccer, etc.?

If yes, please list. _____

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

