



## CHILD & FAMILY INFORMATION

In order to best meet the needs of your child, please complete this questionnaire. All information is kept confidential.

**CHILD'S NAME:** \_\_\_\_\_ **Male/Female** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**PARENT #1, NAME:** \_\_\_\_\_

Profession (current and/or past): \_\_\_\_\_

Would you be willing to share your expertise with us? \_\_\_yes \_\_\_no, but thanks for asking!

**PARENT #2, NAME:** \_\_\_\_\_

Profession (current and/or past): \_\_\_\_\_

Would you be willing to share your expertise with us? \_\_\_yes \_\_\_no, but thanks for asking!

### EMAIL ADDRESSES FOR SCHOOL COMMUNICATION:

(Please check the box after the email address you would like to use for tuition/billing purposes.)

1) \_\_\_\_\_   
(Please print clearly)

2) \_\_\_\_\_   
(Please print clearly)

### Please list any siblings:

**Name**

**Age/school**

_____	_____
_____	_____
_____	_____

**Family structure:** We recognize that some families are in transition and have experienced divorce or separation. In order to provide the best support for your child, we feel it is important that we maintain good relations with all the significant adults in his/her life.

If parents are divorced or separated, please indicate when this took place: \_\_\_\_\_

Please describe custody arrangements: \_\_\_\_\_

Which parent should be contacted first in an emergency? \_\_\_\_\_

Should we send school communications to both parents? Yes \_\_\_ No \_\_\_

If so, provide additional contact (address, email, phone) information. \_\_\_\_\_

Should we list separate addresses on our class lists and in our Parent Handbook? Yes  No

**Health & Wellness:** For the safety purposes, please answer this section thoroughly. If you answer yes to any of the following questions, an Emergency Health Care Plan must be completed by a parent or guardian AND your child's pediatrician.

Does your child have a food-based allergy? Y/N \_\_\_\_\_ If so, what is your child allergic to? \_\_\_\_\_

Does your child have asthma? Y/N \_\_\_\_\_ If yes, does your child have an inhaler? \_\_\_\_\_

Does your child have a serious medical condition that may require monitoring or special treatment at school? \_\_\_\_\_

Is your child taking medication that will need to be administered at school? \_\_\_\_\_

## About Your Child

We are proud of the diverse community of families at SLC. We ask the following questions in order to get to know your child and your family better. We will use this information to plan for curriculum, classroom activities and visits.

How would you describe your child's cultural/ethnic/racial heritage? \_\_\_\_\_

What holidays does your child celebrate? \_\_\_\_\_

We invite families to share their traditions, customs & holidays with their child's class. Would you be willing to share one of your family's traditions? \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_ From where? \_\_\_\_\_

Has your child been evaluated or received services in any of the developmental areas: language, social-emotional, cognitive or gross/fine motor? Or do you, as a parent, have any concerns about your child's development? \_\_\_\_\_

Describe your child's personality \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

Does your child have any fears or concerns? \_\_\_\_\_

How does your child handle transitions? \_\_\_\_\_

How does your child react when separated from you or in new situations? \_\_\_\_\_

Does your child have a comfort item? If yes, what is it? \_\_\_\_\_

Please describe toileting information you want the teachers to know \_\_\_\_\_

Please share any special circumstances that may be taking place in your child's life (recent/pending move, recent death/loss, blended family, foster care arrangements, etc.) \_\_\_\_\_

Please tell us about any previous group experiences that your child has had \_\_\_\_\_

Briefly explain what you hope your child will gain from this preschool experience \_\_\_\_\_