



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: _____ Gender _____ Birth date: _____

Parent/Guardian #1, Name: _____

Areas of knowledge, skill and or/profession (current and/or past): _____

Would you be willing to share your expertise with us? ___yes ___Not at this time

Parent/Guardian #2, Name: _____

Areas of Knowledge, skill and/or profession (current and/or past): _____

Would you be willing to share your expertise with us? ___yes ___not at this time

EMAIL ADDRESSES FOR SCHOOL COMMUNICATION:

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

1) _____

2) _____

If you do not regularly use email, please mark a better way to communicate with you:

PHONE _____ PAPER FORMS

Please list any siblings (name, age & school) _____

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

If parents/guardians are divorced or separated, when did this take place: _____

Please describe custody arrangements: _____

Which parent/guardian should be contacted first in an emergency? _____

Should we send school communications to both parents/guardians? 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

What other information would be helpful for us to know? _____

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 value 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 and your family's cultural/ethnic/racial heritage? _____

What holidays does your family 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? Yes _____ Not at this time _____

What languages are spoken in your home? Primary _____ Other _____

Is your child adopted? _____ At what age? _____ What is the ethnic/racial heritage of the biological family? _____

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

Describe your child's personality & 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 _____