



# CHILD & FAMILY INFORMATION

So that we can 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 a change to their family structure. So that we can provide the best support for your child, we feel it is ideal that we maintain positive relations with all the significant adults in his/her/their life.

Please describe custody arrangements (if applicable): \_\_\_\_\_

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

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 value the diverse community of our SLC families. 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 to prepare for the classroom visits.

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

We invite families to share any traditions, customs and/or holidays with their child's class. Would you be willing to share one of your family's traditions? Yes \_\_\_\_\_ Not at this time \_\_\_\_\_

What language/s are spoken in your home? Primary \_\_\_\_\_ Other \_\_\_\_\_

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?

Please 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 \_\_\_\_\_

If you are comfortable sharing, is there a special circumstance that may be taking place in your child's life that you want the teachers to know about? (ie: 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 \_\_\_\_\_

Thank you for sharing!