



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, skillset or profession (current or past): _____

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

Parent/Guardian #2 Name: _____

Areas of knowledge, skillset or profession (current or past): _____

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

SCHOOL COMMUNICATION:

We will communicate with you via the email address(s) you provided when registering your child. Occasionally we will put information in your child's classroom folder.

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

PHONE _____ PAPER/CHILD'S FOLDER

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.

List all the adults living in your household: _____

List each (additional) child in the family including name and age: _____

Are there any other people and/or pets that are important to your family? _____

Please let us know about any special custody arrangements _____

Please let us know if we should list separate addresses on class lists and in the Family Handbook: Yes ___ No ___

HEALTH & WELLNESS:

For safety purposes, please answer this section thoroughly. **If you answered YES to any of the following questions, an **Emergency Health Care Plan** must be completed by a parent/guardian AND signed by your child's doctor.**

Does your child have a food-based allergy? Y/N _____ If yes, 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? _____

OVER

“When you enroll a child, you *actually* enroll a whole family”

We ask the following questions to get to know your child and your family better. We will use this information to plan for the classroom visits, curriculum, and classroom activities. Thank you for sharing.

Please describe your child and your family’s racial/ethnic identity _____

What language(s) is/are spoken in your home? Primary _____ Other _____

What do you enjoy doing together as a family? (activities, experiences, traditions) _____

We invite families to share any activities, experiences, traditions with their child’s class. Would you be willing to come in and share with the class? Yes _____ Not at this time _____

Please describe your child’s personality/temperament _____

What are your child’s interests? _____

Does your child have any particular fears? _____

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

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

Please describe any toileting information you want the teachers to know about _____

Has your child been evaluated or received services in any of the developmental areas (language, social-emotional, cognitive or gross/fine motor)? **Do you have any concerns about your child’s development?**

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? (pending/recent move, recent death/loss, blended family, foster care arrangements)

Please tell us about any previous group experiences your child has participated in _____

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