

Let's Get to Know Each Other

Child's Name _____
(Specifically the name/nickname you want your child to learn to read and write)

Class my child will be in: (Circle one)

3s - MW or TTh 4s - 3 day or 5 day Junior Kindergarten Enrichment (PM)

Father's Name _____ Father's Occupation _____

Mother's Name _____ Mother's Occupation _____

OTHER CHILDREN IN THE FAMILY

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Church you attend _____

HAVE THERE BEEN ANY EXPERIENCES THAT MIGHT AFFECT YOUR CHILD?

Please circle all that apply and explain below.

Divorce

Illness

Death

Recent Move

Other

Explain _____

SOCIAL EXPERIENCES

Has your child had any other group experiences? Yes No

If yes, explain _____

What does your child think about coming to preschool? _____

What do you hope your child will gain from this experience? _____

How does your child approach new situations? _____

List up to 3 activities in which your child shows the most interest.

1. _____

2. _____

3. _____

Which types of activities does your child tend to avoid? _____

DEVELOPMENTAL HISTORY

Please circle all that apply.

Premature Birth

Late Walking (14+ months)

Late Talking (2+ years)

Motor Skill Delay

Other _____

Is your child right handed or left handed? _____

Don't know

Do you have any concerns about your child's speech?

Yes

No

If yes, explain _____

Does your child have any food/environmental allergies?

Yes

No

If yes, explain _____

Any health/medical conditions we should be aware of?

Yes

No

If yes, explain _____
