



ABOUT MY CHILD

Please take some time to complete the following questionnaire about your child. Answer the questions as thoroughly and as thoughtfully as possible so that we can be better acquainted with your child!

The information given to us about your child is confidential and will be shared only with your child's teachers and the administration.

Child's Name: _____ Nickname: _____
(First) (Middle) (Last)

Birth Date: _____ Baptism Date (if applicable): _____

Siblings and Ages: _____

List (in chronological order) the names of schools that your child has attended. Include the age of your child and how long he/she was in attendance at each school. _____

Diagnosed allergies? _____

Other Food Restrictions? (Vegetarian, Vegan, etc) _____

Birthmarks or Skin Conditions: _____

Particular Fears: _____

How is your child's anger expressed? _____

Sun sensitivity? _____ Operations? _____

Is your child on medication? If so, what is he/she on and what side effects does it have? _____

Serious Illnesses? _____ Runs fever easily? _____

Is your child subject to: high temperatures _____ speech difficulties _____ earaches _____ convulsions _____
stomach problems _____ urinary/bowel difficulties _____ hearing difficulties _____ headaches _____
epilepsy / seizures _____ vision difficulties _____ nosebleeds _____ asthma _____

People (other than Mommy and Daddy) that he/she spends time with: _____

TURN OVER FOR ADDITIONAL QUESTIONS

Please explain any family circumstances of which the school must be aware to better help your child: divorce, adoption of child or siblings, deceased parent, custodial arrangements, etc.

Pets: _____

Toileting Habits and Names: _____

Put a Y for yes and an N for no to the following questions. Does your child...

Feed him/herself? _____ Go to bed early? _____ Choose his/her clothes? _____ Dress him/herself? _____

Potty in the toilet? _____ Have his/her own bedroom? _____ Go to bed alone? _____ Help with chores? _____

Special Skills: _____

Favorite Playtime Activities: _____

Favorite Characters: _____

Favorite Songs: _____

Security Items or special attachments: _____

Please list discipline procedures found to be most effective with your child and why: _____

What are you most proud of about your child? _____

What are you most interested in seeing Little Fishers Preschool develop in your child? _____

If there is another language besides English spoken in the home, are there any familiar words that might help the teacher to understand and better meet the needs of your child? (ex. Bathroom, hungry, I want that)

Recv'd on: _____