

All Faiths Day School

Please Introduce Us To Your Child

NOTE: This information is for the confidential use of the teachers who will be working with your child. The more completely you answer the questions, the better the teacher will be able to understand him/her.

General Information:

Child's Full Name: \_\_\_\_\_

Name Child Goes By: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_ Together \_\_\_\_\_ Seperated  
\_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

If parents are divorced or seperated; whom does the child live with? \_\_\_\_\_

Home and Play Experiences:

Names and ages of brothers: \_\_\_\_\_

Names and ages of sisters: \_\_\_\_\_

What adults, other than parents, live in the home? \_\_\_\_\_

Does anyone visit the home frequently or for long periods of time? \_\_\_\_\_

Is this your child's first seperation from home? \_\_\_\_\_

Has he/she attended any other pre school or day care seting? When/Where? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does he/she attend church? \_\_\_\_\_ If so, what church? \_\_\_\_\_

Does he/she have a good play experience in the neighborhood? \_\_\_\_\_

Does he/she enjoy playing alone? \_\_\_\_\_

What are his/her favorite play materials? \_\_\_\_\_

What are his/her special skills? \_\_\_\_\_

Does he/she like listening to stories/books? \_\_\_\_\_ Music: \_\_\_\_\_

Does he/she have pets? \_\_\_\_\_ If so, what kind and what are their names?

\_\_\_\_\_

Does he/she participate in any activities outside of the home (ie dance, sports)? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Have there been any family experiences which have influenced him/her, such as trips, serious illness, moves, deaths, etc? \_\_\_\_\_

#### Behavior Habits:

When did your child complete his/her toilet training? \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ Describe your child's daily routine: \_\_\_\_\_

\_\_\_\_\_

How does your child react to change? \_\_\_\_\_

What causes your child to show his/her temper? \_\_\_\_\_

What form of discipline do you use? \_\_\_\_\_

How does he/she react? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_ If so, how are you dealing with it?

\_\_\_\_\_

Have you detected or suspected difficulties in:

\_\_\_\_\_ Hearing \_\_\_\_\_ Sight \_\_\_\_\_ Speech \_\_\_\_\_ Other

Were there any difficulties at birth? \_\_\_\_\_

Any additional information that we might need to know: \_\_\_\_\_

\_\_\_\_\_