

Welcome to BHPCNS!

Child's Name: _____

Child's Nickname: _____

Child's Birthday: _____

Parent Name(s): _____

Primary Phone Number: _____

Dear Families,

This questionnaire is designed to help BHPCNS learn more about the children and families in our program. Section A will help us prepare to welcome your child. Section B will provide us with important information about your family's unique culture, traditions, and celebrations.

Section A – Please share information about your child.

What are your educational beliefs and goals for your child? _____

What would you like us to know about your child? Please share with us information about their interests, their temperament, their dislikes, what comforts your child, unique needs, etc.: _____

If your child has attended school or other child care arrangement previously, what worked well for your child and what, if anything, wasn't successful? If this is your child's first school experience, please share what works well or what isn't as successful for you child at home or in group settings, e.g. play dates, birthday parties, visits to a playground, etc. _____

Do you have any concerns about your child beginning school? _____yes _____no
If yes, please describe how we can help your child transition to school and/or any extra help they may require in a school setting. _____

Who lives in your household? Please include siblings & their ages, other relatives, pets, etc. _____

Are there any unique family situations in your home life you think would be beneficial for us to know about your family and how it may/may not impact your child, e.g. co-parenting arrangements, new baby, siblings with special needs, a recent move, new babysitter/nanny/au pair, etc.? Please share anything we should know. _____

Does your child have any allergies, allergic type reactions, and/or family beliefs, where certain foods should not be served to your child? _____yes _____no Please list the foods and the concern: _____

Please turn over and complete Section B.

Teacher Initial: _____ Date: _____

Welcome to BPCNS Continued...

Child's Name: _____

BPCNS wants to know more about you, your child, and your family to better plan programs which include the unique cultural heritage and family beliefs within our school community.

Section B – Please share information about your family.

What languages are spoken in your home? Please include parents, child care providers, extended family, etc. _____

How does your family celebrate birthdays and other important family events, including religious and non-religious holidays, e.g. traditions, special foods, meals, etc.? _____

What would you like us to know, if anything, about your family's cultural background? _____

Would you or any family members, grandparents, aunts, uncles, cousins, etc. be interested in coming to school and sharing the unique characteristics of your family's culture or background? _____

Do you or a family member or friend, have any special talents, e.g. playing the guitar, singing opera, sharing your talking parrot or new puppy, etc.? If so, what would you like to share and when are you available to come to school? _____

Your child's teacher will coordinate dates and times with you.

Meeting Request

Would you like to meet with your child's teacher and/or the school director to discuss any issues or concerns regarding your child prior to the start of the school year? _____yes _____no

If yes, indicate any diagnosed or suspected:

____Medical/health/allergy issues ____Developmental issues, e.g. speech ____Behavioral concerns

Please describe: _____

What is the best way to reach you to schedule a meeting to discuss any of the above information?

Email: _____ or Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please turn over and completed Section A.

This information is for confidential use only. It will be shared with your child's teacher and stored in your child's file in the school office. Please contact the office, 301-365-2909, with any questions. Thank you!

Teacher Initial: _____ Date: _____