

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: _____
