

TELL US ABOUT YOUR CHILD 2017-2018

Child's registered program/class _____ (ex: MW am 3's)

Please complete the following information to help us get to know your child better. **Just For KIDS** is excited to get to know your child so we can help encourage, stimulate, and develop your child's growth.

Child's First and Last Name _____ Nickname _____

Birth date _____ my child is the... Oldest Middle Youngest; How many siblings are there? _____

Is your child adopted? Yes No If yes, do they know? Yes No

My child is: Right handed _____ Left handed _____

Any language, speech, hearing, or seeing difficulties? Yes/No If yes, _____

Any health concerns? _____

Any food/or seasonal allergies? _____

Favorite foods _____

I would characterize my child as ___ friendly ___ shy ___ active ___ sensitive ___ aggressive

How does your child express feelings? _____

Previous group experience? Yes No Previous school experience? Yes No

If yes, was it positive? Explain _____

Does your child know any children in his/her class? Yes No

My child has experience with: ___ scissors ___ paint ___ finger paint ___ play dough ___ sand

Is your child independent in the bathroom? _____ (This is a requirement to participate in the 3, 4, & Pre-K programs)

What word does your child use to communicate the need to go to the bathroom? _____

Does your child take naps? Daily Occasionally Never

Does your child have a regular bedtime? Yes /Time _____ No _____

How does your child like to be comforted? _____

How is discipline handled at home? _____

What would you like your child to gain from their preschool experience this year? _____

Do you have any concerns about your child that you would like to share? _____

Additional comments or information _____