

## TELL US ABOUT YOUR CHILD 2020-21

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

**Child's registered program/class** \_\_\_\_\_ **(ex: MW am 3's)**

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 \_\_\_ Left \_\_\_ handed

What language(s) is spoken in your home? \_\_\_\_\_

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

Any health concerns? If yes, explain: \_\_\_\_\_

Any food/or seasonal allergies? Explain: \_\_\_\_\_

Favorite foods? \_\_\_\_\_ Least? \_\_\_\_\_

I would characterize my child as \_\_\_ friendly \_\_\_ shy \_\_\_ active \_\_\_ sensitive \_\_\_ aggressive Other: \_\_\_\_\_

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? Yes \_\_\_ No \_\_\_ If yes, Daily \_\_\_ Occasionally \_\_\_ Never \_\_\_ How long? \_\_\_\_\_

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

How does your child like to be comforted? \_\_\_\_\_

How does your child comfort him/herself? \_\_\_\_\_

How is discipline handled at home? \_\_\_\_\_

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

Do you have any developmental concerns about your child? If yes, please explain: \_\_\_\_\_

What family or cultural traditions are important in your home? \_\_\_\_\_

Would you be willing to share these traditions with the children and the school? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_