

TELL US ABOUT YOUR CHILD 2021-22

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: _____