



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Parents,

Your child's teacher would like to get to know your child and family a little better. Please fill out this form and return to school as soon as possible. Any information you provide will be confidential and used only by your child's teacher to plan developmentally appropriate learning experiences. Thank you for your cooperation.

Child's Name: _____ Child's Race _____ Date: _____

Date of Birth: _____ Nickname (if any) _____

Please tell us who lives in your household:

Names and ages of brothers and sisters: _____

Does your child usually play: _____ alone? _____ with one friend?
_____ with many children? _____ with younger children? _____ with children the same age?

Does your child have any fears or anxieties? _____ yes _____ no

Please explain: _____

Check the following words that best describe your child:

_____ lacks self control
_____ Independent
_____ Pleasant
_____ Attentive
_____ follows direction
_____ Confident

_____ uses self control
_____ dependant
_____ disagreeable
_____ inattentive
_____ does not follow directions
_____ shy

Child's Likes

Child's Dislikes

Any Security Items?

Daily Medications?

Allergies or special medical instructions for classroom staff:

Does your child suffer from frequent ear infections? _____ yes _____ no

Does your child have tubes in their ears? _____ yes _____ no

Is this your child's first time in early learning? _____ yes _____ no

If no, can you tell us about their first experience in early learning:

Has your child ever been suspended from an early learning program? _____ yes _____ no
Reason for suspension: _____

Has your child ever been asked to leave a program? _____ yes _____ no
Reason: _____

Has your child ever been evaluated and or received services from Early Intervention (ie: speech and language therapy, occupational therapy, physical therapy)? _____ yes _____ no

Does your child currently have an IEP/IFSP? _____ yes _____ no

What is the primary language spoken in your home? _____
Maintaining your home language is extremely important and encouraged by our programs

Secondary language? _____

Please describe your home culture (beliefs, holidays celebrated, expectations for your child's behaviors, food preferences, etc.)

Do you have any questions regarding the program?

Classroom? _____

Handbook? _____

Policies? _____

Thank you for taking the time to help us get to know your family and your child better. A staff person will address your concerns/answers in person. We hope you and your child enjoy our programs and we thank you for entrusting us with your child's early learning and development.

Parent's Signature

Date

Director Signature

Date