

Date \_\_\_\_\_

The following information is requested to help the teacher better understand your child. All information is confidential.

Name of Child \_\_\_\_\_ Child's preferred name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Names, ages, and relationship of other children/people living in the home:

Has your child had previous school experience? If so, please give name, type of school and length of attendance:

Hobbies or interests that the parents might share with the child's class:

To celebrate our school's cultural diversity, what countries does your family come from? \_\_\_\_\_

Is there anything you feel the teacher should know about your child that will help him/her better understand feelings and needs? This information should include recent moves, family separations, pregnancy, nervous habits, social relationships and experiences; child's likes and dislikes; fears and causes, etc.

Does your child try new foods easily? \_\_\_\_\_ Does your child take a nap? \_\_\_\_\_

Has your child ever received any developmental, educational, or behavioral evaluations? Y or N

Has your child ever received, or is currently receiving any extra therapies or services? Y or N

Is there anything of a physical nature, not readily apparent, about which your child's teacher should know? Please include information about allergies, previous surgery, sight, hearing, or other difficulties:

What would you like to see your child gain from his/her Pre-school or Kindergarten experience?

Languages spoken at home: Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 Languages spoken by child: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Are you interested in volunteering in the classroom? \_\_\_\_\_

