

THE PRESCHOOL AT JENKS CHURCH
Family/Child Information Sheet
2017-2018 School Year

Dear Families,

We would appreciate your answers to the following questions so that we may provide the best care possible for your family. While we feel that each question is valuable, please understand that you are not required to give any information you don't feel comfortable about. The information is confidential and will only be shared with your child's teacher and the Preschool Director. Thank you for taking the time to share with us. We look forward to caring for your child and getting to know your family.

How did you find out about our preschool?

Info questions:

- 1) Who lives with your child (please include name, age, relationship and occupation)?

- 2) If you share custody with another parent or partner, please describe this arrangement..

Because we value your family and its uniqueness, we would appreciate your sharing the following information with us, as you are comfortable.

3) What languages are spoken in your home? What language(s) does your child speak and/or understand?

4) What is your family's ethnic/cultural background? Are there any family traditions, customs, stories, foods or songs that you would enjoy sharing with our class?

5) Please list the usual routines/schedules/info for the following:

Nap Time:

Length:

Routine: (song, pacifier, bottle, thumb, story music, ECT):

Food

Likes:

Dislikes:

Toileting (Circle One)

Uses the Potty

Potty Training

Diapers/Pull-ups

6) Does your child have allergies, special medical/physical needs or ever had any serious illnesses or surgeries?

Child's Doctor name and phone number: _____

Child's Dentist name and phone number _____

7) What is your child's previous experience with substitute care or in a group setting?

8) Does your child generally prefer to play alone or with children/siblings? How does he or she get along with peers?

9) Describe your child's general personality.... (explorer, contemplative, big talker, shy, ECT).

10) Who generally handles discipline in your home? Describe the method generally used? Does it seem to be effective?

11) How does your child usually react to separation from you?

12) Does your child have any strong fears or dislikes?

13) Please tell us of any special referring words that your child uses for objects or actions that are important (i.e. pacifiers, hungry, potty words).

14) Please describe how you usually soothe your child if he or she is up upset, hurt or just needs special comforting.

15) What else should we know in order to provide sensitive and individualized care for your child?

16) Tell us what your hopes, expectations and goals are for your child from his/her preschool experience.....

Do you have any interests, hobbies, time or access to resources that you would like to share with the school?

Additional comments or "helpful information".....

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____