

Getting to Know Your Child, 2020-2021

What first name or nickname should we use for your child: _____

Names/ages of any siblings (if applicable) _____

Do you speak a language at home other than English: _____ If so, what? _____

English language capability (please check applicable level) ___ speaks clearly ___ not very clearly ___ no English yet

Why do you want your child to attend preschool (you can check more than one)?

- | | | |
|---|--|---|
| <input type="checkbox"/> socialization with peers | <input type="checkbox"/> classroom skills | <input type="checkbox"/> spend time away from electronics |
| <input type="checkbox"/> language development | <input type="checkbox"/> to develop focus | <input type="checkbox"/> they need a bigger "world" |
| <input type="checkbox"/> more outdoor play | <input type="checkbox"/> family members all work | <input type="checkbox"/> getting bored at home |
| <input type="checkbox"/> make friends | | <input type="checkbox"/> learn to follow directions |

Age your child first attended daycare or preschool (i.e. care away from family): _____

How many hours/days did they attend this daycare/preschool? _____

What time does your child get up in the morning: _____ Go to sleep at night: _____

Do they (mostly) sleep through the night: _____ Do they nap on non-school days: _____

Toilet Training

Fully toilet trained ___ Not toilet trained ___ Needs diaper for nap ___ Is still having accidents ___

Physical development: your child...

Loves to run & climb ___ Needs encouragement to run & climb ___ Trips/falls often ___ Recovers quickly from trip/fall ___

Is your child a quick/slow/picky eater (circle all that apply)?

How distressed does your child get when you leave them with another caregiver? a little/a lot/about average (circle)

What makes your child angry/upset? _____

How does your child show they are angry/upset? _____

What makes your child happy? _____

Does your child have any special needs? Yes/No (circle) If yes, what are those needs? _____

Is your child receiving any special services (speech, physical therapy, behavioral therapy etc.) Yes/No (circle)
If yes, what are the services, and how often do they attend? _____

What information would you like from us about your child during their time at St. Clare's Preschool? _____

Any special requests you have of us? _____