

## St. Clare's Preschool: Getting to Know Your Child

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 ability (please check applicable level): \_\_\_ speaks clearly \_\_\_ not very clearly \_\_\_ no English yet

Why do you want your child to attend preschool (check all that apply)?

- |   |  |   |
|---|--|---|
| <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 childcare or preschool (i.e. care away from family): \_\_\_\_\_

How many hours/days did they attend this childcare/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)?

What makes your child happy? \_\_\_\_\_

How distressed does your child get when you leave them with another caregiver?

a little / a lot / about average (circle one)

What makes your child angry/upset? \_\_\_\_\_

How does your child show they are angry/upset? \_\_\_\_\_

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? \_\_\_\_\_