

ST. BARTHOLOMEW CATHOLIC PRESCHOOL 2017-2018

INTRODUCE US TO YOUR CHILD

This information is for the CONFIDENTIAL USE of the teachers who will be working with your child. The more completely you answer the questions, the better the teachers will be able to tailor an educational and motivational program to fit his/her needs.

Child's Full Name _____ Name Called _____

Date of Birth _____ Male or Female _____ Child's Phone Contact _____

Child's Address _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Child's primary language _____ What languages are spoken at home? _____

Any known allergies (seasonal/food/medications, etc.) _____ Please describe: _____

Please list siblings and their ages _____

List any pets; include name and type of pet _____

Is your child toilet trained? _____ If yes, please describe any assistance needed or special words that may be used: _____

Is your child taking medication or on a special diet? _____

What has been your child's previous preschool experience? _____

Is your child enrolled in schools in addition to St. Bartholomew's Catholic Preschool? _____ If so, where? _____

When? _____ Why? _____

Child's out of school interests and activities _____

Does your child usually play with peers? _____

Does your child have any special objects or rituals that help with transitions or difficult times? _____

Are there any personal or physical special needs we should know (or conference privately) about? _____

Does your child have any special fears? _____

What academic areas would you like to see stressed? _____

What social skills would you like to see developed? _____

Does your child have any speech, hearing or vision special needs? _____ If yes, please explain: _____

Please list the names of any programs or special services that your child is receiving and the names of any contact persons to call _____

Are there any recent family experiences that have influenced your family and child (i.e., recent move, new baby, or death in family)?

Please feel free to give us any additional information that might help us understand your child and his or her needs better.

Signature of Parent Completing Form _____ **Date** _____