

Dear Family,

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 share any information you don't feel comfortable about. The information is confidential and will only be shared with your child's teacher and the program administration. Thank you for taking the time to share with us. We look forward to caring for your child and getting to know your family.



Lakeside Presbyterian Church Weekday Preschool

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Child Information Form

Child's Full Name _____ Name goes by _____

Date of Birth _____ Sex: male female

Address _____

Would you like your family to be included in the LPCWP Parent Directory

Parent's Name _____

Address _____

Phone No: Hm _____ Wk _____ Cell _____

Email Address _____ (please print clearly)

Parent's Name _____

Address _____

Phone No: Hm _____ Wk _____ Cell _____

Email Address _____ (please print clearly)

Siblings(name/age) _____ / _____ / _____

_____ / _____ / _____

To help us be more sensitive to your child's family situation, please check:

Child lives with:

_____ Both Parents _____ Grandparent(s)

_____ Single Mom/Dad

_____ Parent & Step Parent

Has your child been enrolled in a previous preschool/child care program yes no

If so, what program did they attend _____

What is your child's previous experience with care in a group setting?

Please tell us of any special needs/health concerns we need to be aware of _____

Allergies and Treatments, if any: _____

Medications being given on a regular basis and why: _____

Please tell us about any fears your child has _____

Are there any particular behaviors your child has you have concerns about? _____

When your child is upset or hurt, how does he/she like to be comforted _____

How does your child settle conflicts with others _____

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

What languages are spoken in your home? What does your child speak or understand?

What is your family's ethnic/cultural background? Are there any family traditions, customs, stories, foods, songs....you would enjoy sharing with your child's class?

What beliefs/values do you feel are most important when raising your child? (ie: nutrition, diet, TV viewing, super heroes, religious beliefs, respect for authority)

Below you will find questions specific to the class you child is enrolled in. Please answer to the best of your ability. Thanks!

Playgroup Class Information Form

Childs Full Name _____

Eating Habits

1. Does your child feed themselves?

Yes

No

2. Does your child use a spoon or fork?

Yes

No

4. What time does your child eat breakfast?

5. What time does your child eat lunch? _____

6. How much does your child normally eat?

Sleeping Habits

1. Does your child normally take a nap?

Yes

No

2. For how long? _____

3. Around what time? _____

4. Does your child need anything special to go to sleep?

Yes

No

5. If so, what is it? _____

6. At night, does your child have a bedtime routine?

Yes

No

7. What is their bedtime routine? _____

8. What time does your child normally wake up?

9. What kind of bed does your child sleep in? (circle one)

Crib Toddler Bed Your Bed

10. How does your child fall asleep? (ex. Rocked, independently, back rubs, etc)

Behavior

In order for us to better understand your child's reactions to our redirection, tell us how you might ask your child not to hit or play rough at home? For example: We would say, "Use kind hands or soft touches"

1. What do you do/say when your child:

Hits you?

Hits another child?

Bites?

Takes a toy without asking (from another child, from you, from another adult)?

2. What are your expectations for your child to follow directions? (Do they answer when they are called? Can they follow one or two step directions? Etc.

3. What happens at home when your child does not listen to you?

4. What happens at home if your child doesn't listen at school? Or if they are hitting/biting etc?

Toilet Training

1. Is your child toilet trained? _____

2. What words do they use for going to the bathroom?

3. Do they use a potty seat at home? _____

4. Do they require privacy to go use the bathroom? _____