

CONFIDENTIAL INFORMATION FORM



INTRODUCE US TO YOUR CHILD

Please introduce us to your child. This information is for the confidential use of the teachers who will be working with your child. Answers beyond yes and no are helpful.

Child's Full Name	Date of Birth	_//
Name Called	Male	Female
Street Address		
City		
Zip Code Home Contact Number ()		
Mother's NameProfession_		
Travel? ves one If yes, how frequently?		
Father's NameProfession_		
Travel? uyes upon If yes, how frequently?		
Parent Information		
Married? Widowed (how long)? Separated (how long)? _		
Divorced (how long)?Stepfather (how long)?		
Stepmother (how long)?		
Comments		
If divorced or separated do you have sole custody or shared custody?		
If child is adopted (optional)		
Age at adoption? Does the child know he/she is adopted?		
Comments_		
Siblings and Family Members		
Sibling Name		
<u> </u>		
Sibling Name DOB/Sex_ Other members of household and relationship. (Please include full time caregivers and		.)
		<i>,</i>
If parents are away during the day, please state arrangements for child's care when he	e/she is not at sch	nool:
What are your ideas about toilet training?		
Family Life		
Family pets	I	1
Family experiences that have influenced your family and child: (Example: A recen	it move or death	.)
Wile and laws are store alone and have a 2		
What language is spoken at home?	hat languages?	
2000 700. 0. ma hare appointment to expendition of fair goog out 1900 110 if you, it		
Does your child enjoy a daily reading experience with an adult? gyes ono		
When and with whom does child watch television?		
Favorite shows and/or characters?		
How much time does your child spend on other electronic devices such as an iPad		
Does child enjoy music? ayes ano		

Approximate age at which your child: Walked Repeated short sentences Siept through the night Completed toilet training Does your child show a preference for the right or left hand? right left none Behavioral Habits Does your child follow a day to day routine? How does your child good eater? eyes and Does the family have mealtimes together? eyes and What time does your child go to bed at night? Awaken? Does your child nap? eyes and When? How long? What time does your child to show his/her temper? What couses your child to show his/her temper? What methods of behavior discipline are used in your home? Play Experiences Has your child had experience playing with other children? eyes and to your child had experience in full time child care? eyes and to your child had experience in nonther pre-school? eyes and together your child had experience in another pre-school? Does your child had experience playing with other children? eyes and together to eyes and together to experience in another pre-school? Es your child had experience playing other? So your child had experience in another pre-school? What are your expectations regarding your child's experience at our school? What are your expectations regarding your child's experience at our school?	Developmental History of Child				
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What are your expectations regarding your child's experience at our school?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	How would you describe your child's personality?				
Is there any other information that you feel is important that the teacher should be aware of?	What are your expectations regarding your child's experience	at our school?			
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(please attach additional information if necessary)
Signature of Parent Completing Form

Date_