Little Tykes Preschool

Jennifer Blaisdell ~ 2205 Golf Club Rd SE, Lacey WA 98503 ~ (360) 455-1096 ~ msjenjen@littletykespreschool.com

**CHILD INFORMATION FORM**

Dear Parent(s),

The first weeks of school are big moments in your child’s life. My goal is to make these experiences happy, constructive and enduring. The more I understand your child, the greater the possibility of insuring the success of your child’s first school experience. You know your child, we have yet had the pleasure. With your help we could speed up the ‘getting to know you’ phase by responding to the following questions.  I will now, and in the future, be glad to have you amplify this information in any way that will assist me to better educate your child.

Child’s legal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child goes by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Brothers & SistersName DOB School |
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|  |
|  |

Please select your child’s ethnicity (check all that apply):

* Asian
* Black/African
* Hispanic/Latino
* Native American
* Pacific Islander
* White/Caucasian

Is English your home language? Yes No

Is your child exposed to other languages in your home or from other family members?

Do you have any pets at home?

|  |
| --- |
| PetsName Age Breed |
|  |
|  |
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Please share a little about your family celebrations and holidays, or if there are any special traditions you have.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have any special health problems? Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

Does your child have any allergies? Yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

Does your child have any noticeable speech problems? Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No

Has your child met all of their milestones (crawling, walking, talking, etc.) on time? Yes No, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child react to stress (headaches, stomach aches, cries, bites, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your child’s first experience in a structured program? Yes No, Where?

Is your child toilet trained? Yes No Does your child need to be reminded to use the toilet? Yes No

Have you, or anybody close to the child, notice any delays in development, or the possibility of there being a special need or learning issue? Yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

Has your child had any formal developmental testing? Yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

What method of discipline is used in your home? What is your child’s reaction to this discipline? \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of play does your child prefer? (please circle as many as apply)

Active Indoor Alone With an adult Imaginative play Music

Quiet Outdoors Trucks With a peer Blocks Art

Manipulative Dolls Dress-up Other:

Which behaviors best describe your child when upset? (please circle as many as apply)

Hits Kicks Cries easily Verbally abusive Withdraws Bites

Has temper tantrums Regains composure easily Other:

What situations might cause your child to become upset? (please circle as many as apply)

Sharing Food issues Limit setting Being touched Lightning Loud noises

Thunder Toilet Darkness Separation issues Other:

What can we do to help your child when they become upset? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What special talents and/or interests does your child have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What does your child struggle with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child learn best? (for example; do they learn best by doing, seeing, hearing or a combination)

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Does your child recognize their name in print? Yes No

Does your child name the letters in their name? Yes No Some

Can your child print their name? Yes No Some

Does your child recognize numbers 1-10? Yes No Some

Can your child accurately count a group of ten objects? Yes No

Can your child follow a single direction request? (please pick up your toys?) Yes No

Two part directions or request? (please pick up your clothes and put them in the laundry) Yes No

Three part direction or request? Yes No

Is there anything else you would like to tell me about your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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