

The Robert H. Lange Christian Preschool: Getting to know your child & family

Child's Name _____ Nickname _____

Date of birth (mo/day/year) _____ Sex _____ Home phone _____ Cell _____

Email: _____

Mother's name and occupation _____

Father's name and occupation _____

Current marital status of child's parents _____

Others living in the home	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If another person shares in caring for your child on a regular basis please indicate the name, relationship and days and hours they are responsible for the care of your child _____

Developmental History

Was your child premature? _____

Were there any difficulties during birth? _____

Are there any difficulties with hearing or eyesight? _____

Any speech delays or difficulties? _____

Allergies (food, drugs, medication, other?) _____

Is there any condition requiring special attention at our school? _____

If so, what? _____

At what age did your child walk alone _____ begin to talk _____ Toilet train _____

Does your child have frequent colds? _____ How many/how often? _____

Sleep patterns: get up time _____ nap time _____ bed time _____

Does your child have any fears and if so, what? _____

Is your child right _____ or left _____ handed?

How do you discipline your child at home? _____

Is your child able to separate easily from you? _____

Social and School Experiences

Where has your child travelled? _____

Is this your child's first school experience? _____ yes _____ no. If no, where did your child attend and for how long? _____

Has your child ever been left with a babysitter? _____ If yes, how frequently? _____

How much television does your child watch each day? _____

How much time does your child spend at the computer, I Pad, video games etc _____

What outdoor activities does your child enjoy? _____

What indoor activities does your child enjoy? _____

Is your child read to daily? _____ Favorite book? _____
What are your hopes for your child at RHL Preschool? _____
Other activities child is involved in? _____
Church your family attends _____

Culture and Heritage

What is your ethnicity? _____
What language (s) is spoken at home? _____
If English is not spoken in the home, how well does the child speak and understand English? _____
Please tell us what you would like us to know about your culture, heritage, holidays or traditions _____

Speech and Language

Does your child speak in words? _____ Sentences _____
Any speech difficulties? _____ If yes, please explain _____
Do you have any concerns about your child's speech or language? ___ If yes, please explain _____
How can we support the child's home language in school? _____
What are your family's goals for acquiring English if it is not your native language? How can we support you? _____
Do you need a translator for communicating at parent/teacher conferences? _____
Would you be willing to volunteer as a translator at parent/teacher conferences? _____

Additional Information for two year olds enrolled in the two year old program

Any history of colic? _____
Is your child's skin highly sensitive? _____
Does your child have frequent diaper rash? ___ If yes, please explain _____
Current feeding schedule _____
Any special feeding problems? ___ If yes, please explain _____
Are bowel movements regular? _____ How many per day? _____ Time _____
Is diarrhea a problem? _____ Constipation _____
Can child be relied on to indicate need to use the toilet? _____
Does your child need help with toileting? _____
Does your child wear a diaper? _____ pull-up _____
Does your child have accidents? _____ If yes, how do they respond? _____

Is there anything else you would like us to know about your child or your family?
