

**Christian Pre-K Prep
Getting to Know You**

Child's Name: _____

Nickname(s): _____

Siblings' names and birth dates: _____

Other's who live in your house (grandparents/stepbrothers- sisters, aunts, uncles, etc.)

Mother's Profession: _____

Father's Profession: _____

Hobbies of mother or father: _____

Do you have any neat collections to share with children? _____

Describe: _____

Do you have any neat tools of trade to bring? (Ex: pilot mom or dad could visit in uniform) _____

Does either parent play a musical instrument? Describe _____

When you play with your child/children, what types of things do you personally enjoy?

ABOUT YOUR CHILD:

1. How would you describe your child's temperament? _____

2. How would you describe their personality? _____

3. Does your child have other children to play with? Any other group experiences and if so, what were they? _____

4. How did your child adjust to that situation? Did he/she enjoy them?

5. Is he/she happier playing alone or with others? _____

6. What age friends does he/she enjoy? _____

7. Does your child have pets? (Kinds/names) _____

8. Has he/she had an unpleasant experience with animals? _____

9. Does your child have babysitters occasionally? _____

10. Does your child have favorite toys or activities? _____

11. Does your child have dislikes any particular activities? _____

12. Does your child watch any particular television shows? _____

13. Enjoy books? _____ How often is he/she read to? _____

14. Does your child have a sleeping schedule/pattern?

Normal bedtime: _____ Wake up time _____

Night awakenings: 1x 2x 3x 4x or _____

Afternoon naptimes: _____ to _____

Does your child sleep with a lovey, pacifier, etc. _____

Do you help your child go to sleep? If so, how? _____

Does your child sleep on tummy, side, back? _____

Does he/she go to sleep easily? _____

Do you have a routine that you follow to help your child to go to sleep? (sing a song/read a book/bath etc?) _____

Do you rock your child to sleep? Yes No

Do you place your child in bed awake? Yes No

Does your child fall asleep when riding in the car? Yes No

Wake up in any particular mood? Grouchy, clingy, happy, slow or _____

15. What is your most effective means of guiding and disciplining your child?

16. Have any areas in which he/she might need special attention? _____

17. Does either parent travel frequently? _____

18. What qualities do you enjoy most in your child? _____

19. What qualities do you find most difficult to deal with? _____

20. What types of situation make him/her tense or anxious? _____

21. How does your child tell you when he/she is frightened, angry or unhappy?

22. What comforts him/her? _____

23. Does he/she have speech difficulties? Please describe: _____

24. Is he/she right or left handed? _____

25. Is he/she toilet trained? _____

Does he/she have a special word for toileting? _____

Need any particular help? _____

26. Does your child take any medications regularly? Explain.

27. Has he/she had any serious illnesses, accidents, surgeries? _____

28. Have there been any recent deaths or serious illnesses of any close friends or relatives? _____

29. Does your child have any trouble with the following? Explain:

Health? _____

Jealousy? _____

Over dependence on adults? _____

Allergies? _____

Frequent colds/ear infections/bronchitis? _____

Food? _____

Shyness? _____

Other? _____

30. Have you ever been concerned about your child's development or behavior?

31. Does your child have any special needs? _____

32. Was he/she premature or full term? _____

Please tell age of development milestones: At what age did he/she crawl? _____

Walk? _____ Talk? _____ Become toilet trained? _____

33. What is your child's favorite foods?

34. What is your child's least favorite foods? _____

35. How do you introduce new foods to your child and how do they respond?

36. Any foods we should not serve your child? _____

37. What holidays do you celebrate (religious/ cultural) and how do you celebrate them?

38. How does your child feel about coming to my home/school?

39. What do you hope your child will gain from his/her experience while in our program?

Is there anything about your child you would like to share with me not covered in the above questions?

Thank you for taking the time to complete this information for me!

If there is any more information of a confidential nature that would help me in working with your child, please let me know. Family factors such as divorce, a move, new births, severe illness, alcoholism, or drug dependence can affect the child's adjustment to learning and behavior. I will hold such information in strictest confidence.

Sincerely,

*Melissa S. Gilland
847-293-1976*