

Beth Meyer Preschool Child Information Sheet

Please provide the following information to help us get to know you and your child better. This profile is confidential and will be seen only by your child's teacher(s):

Child's Name: _____ Birthdate: _____

What name do you wish us to use in school: _____

Name(s) and age(s) of sibling(s): _____

Is there someone else important in your child's life that your child may talk about?

Do you have any pets that your child may talk about?: _____

Is there anything you would like to tell us about your child's eating habits (No breakfast, etc)?

How does your child sleep at night? _____ What time does he/she get up in the morning)? _____ Does your child nap during the day? _____ How long? _____

Is your child toilet-trained? _____ If yes, since what age? _____ If no, are you currently working on toilet training? _____. Is there anything you would like us to know about the process? _____

Has your child had prior experience being in the care of an adult other than parents (babysitting or childcare). And has your child had prior group experience (playgroup or preschool)?

How does your child deal with separation from parents/loved ones? _____

How would you describe your child's personality? _____

These are my child's strengths: _____

My child really likes (activities, books, songs, foods, etc): _____

Does your child have any particular dislikes or fears? _____

How do you comfort your child? _____

Right now I am most concerned about _____

Is there anything else about your child's developmental history that you would like to share?

What would you like your child to improve at or learn this year? What skills and/or values would you particularly like to see reinforced in the classroom?

Do you expect any major changes in the near future (births, moves, job changes)? _____

Do you speak languages other than English at home? If so, what language(s)? _____

What is your religious background? _____

Do you belong to a house of worship? _____

Do you go to services? _____

Do you have special rituals/spiritual practices at home that you would like to share with us? Do you say a prayer before bedtime? _____ Do you bless your children on the Sabbath? _____ Do you talk about G-d? _____ Do you keep kosher? _____ Other: _____

Is there anything of a spiritual or religious nature that you would like us in particular to encourage or emphasize? _____

Is there anything else that you would like to share with us? _____

Additional Comments:

_____/_____
Parent's Signature/Date