

Help us get to know your Child

Child's Full Name: _____ Nickname: _____

Birth Date: _____ Starting age _____

Parent Communication *In case of Emergency Please Call* Mom Dad Other _____

Mom: _____ Phone: _____ Email: _____

Dad: _____ Phone: _____ Email: _____

Other: _____ Phone: _____

Words that best describe your child's personality and character:

What Motivates your child most?

Information about Medical History or any special fears that could potentially impact learning:
(speech development, fine/gross motor delays, food sensitivities, ear infections, specific fears, etc)

How does your child typically handle separation from you?

What is your biggest goal for your child this year?

How does your child typically express feeling tired, symptoms of illness, sadness, anger?

We do not want our child to celebrate or participate in the following holidays:

We celebrate all holidays!

My child cannot be in contact with the following foods due to a medically diagnosed food allergy:

No known allergies
 Epi-Pen?

Child lives with: mother step-mother grandmother siblings
 father step-Father grandfather OTHER _____
(list relationship)

My child attended Puddle Jumpers last year. Yes No

If not, previous Preschool attended: _____ Does your child have an IEP?
 Yes No

My Child has previously or is currently receiving special services
 Speech Counseling Physical Therapy Occupational therapy
 Tutoring Other: _____

Do parents work and if so where?
 Mom: _____ Dad: _____

Developmental Skills <small>(as evidenced at home)</small>	Hasn't tried or/avoids	Currently working on	Skill Mastered
Can identify basic shapes and colors			
Cuts with scissors on lines			
Counts up to 10 items correctly			
Pretends to read when looking at books			
Draws a person (without help) with some body parts			
Recognizes own name in print			
Writes first and last name			
Social Skills <small>(as evidenced in school &/or at home)</small>	Hasn't tried or/avoids	Currently working on	Skill Mastered
Is able to express both positive & negative feelings			
Plays & cooperates well with other children			
Does tasks independently without adult help <small>(gets dressed by self, cleans up belongings, can use the bathroom independently)</small>			
Follows simple directions without reminders			
Attempts new tasks/adapts well to change			