

Please attach a recent photo here using tape or staple. Print child's name and class on back of photo. These are for a class bulletin board.

PERMANENT RECORD

For office use:

“Getting to Know You...”

Center: _____

Class: _____

2016-2017

DUE IN PRESCHOOL OFFICE NO LATER THAN JULY 31ST

PLEASE PRINT

Child's Name: _____ M _____ F _____
First Last

Birth date: _____ Age in September: _____ years _____ months

Father's Name / Guardian: _____

Mother's Name / Guardian: _____

Primary Phone: _____

Secondary Phone: _____

Email Address #1: _____

Email Address #2: _____

Does your child have any special needs about which we should know (allergies, speech, hearing, sight, emotional, etc)? Please elaborate: Attach additional sheet if needed.

Please list the name and birth date of all children in your family:

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BACKGROUND INFORMATION

1. Has your child had any previous preschool experience? If yes, where and when? If previous experience is at St. Paul's Preschool, what class and teachers?

- 2a. In what school district are you located?

- 2b. Will your child be attending kindergarten next year? At what school?

3. Does he/she have any physical problems?

4. Has he/she had any recent hospital experience?

5. Does he/she have any special fears?

6. Do you anticipate any adjustment problems in the first week of school?

7. During the first week of preschool, children often experience a feeling of strangeness in a new environment. Is there some special thing from home that we could talk about...i.e. pets, favorite toy, new skill?

8. Is your child accustomed to sharing things with others?

9. Can you think of any activity that your child would not like to participate in?

10. Does your child mind getting dirty?

11. Name three types of toys he/she would like to play with.
12. Has your child had playmates of his/her own age?
13. Would he rather play by himself or with others?
14. What kind of quiet activities does your child enjoy? What kind of noisy active ones?
15. Every child is unique and special—some have a good sense of humor, others are very kind. What is special about your child?
16. Do you currently have any other children attending St. Paul's Preschool? What class and center?
17. What is the primary language spoken in the home?
18. If other than English, what language of communication would you prefer?
19. We would like to have preschool include family involvement. Please list skills or talents you can share: cooking, shopping, typing, carpentry, library skills, job you could tell children about, singing, sewing, story reading, art, nature collections, musical instruments, etc. Is there something about your culture or heritage you would like to share?

20. Does your child have any recognizable birthmarks or skin conditions we should be aware of?

21. Do you know of any community resource person (dentist, dental assistant, doctor, policeman, veterinarian, etc...any person including yourself with an interesting job or hobby to share with the children)?

22. Do you have any field trip or in-school program ideas?

23. Many times parents have access to supplies, i.e. plastic boxes, styrofoam bricks, paper of all kinds, cloth, cards or wrapping paper, rug samples, boxes, bags, toothbrushes, etc. List any things you would like to contribute. We would particularly like paper.

24. What kind of activities are you looking forward to your child experiencing this year?

25. Please list your church affiliation. If none, would you like to learn more about St. Paul's United Methodist Church or McKnight United Methodist Church? *(Please circle which you would prefer).*

26. Please list any other information you feel will be helpful to our teaching and office staff.

27. Will your child be going to Ferguson or McKnight Child Care before or after class on a regular basis?