



CHRIST CHURCH PRESCHOOL & KINDERGARTEN
2019-2020 "Getting to Know You" Form

One Per Student

2018-19 Teacher: _____

CHILD'S NAME:			
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(First)

(Middle)

(Last)

CHILD'S INFO	PREFERRED NAME:		
	DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female

MOTHER	PREFERRED NAME:		Occupation:
	Religious Affiliation:		Church Membership:
	<u>Occupation:</u>		
	Special talents/interests to share with the classroom:		

FATHER	PREFERRED NAME:		Occupation:
	Religious Affiliation:		Church Membership:
	<u>Occupation:</u>		
	Special talents/interests to share with the classroom:		

SIBLINGS	NAME:	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	School:
	NAME:	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	School:
	NAME:	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	School:
	NAME:	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	School:

NANNY/ CAREGIVER	DOES YOUR FAMILY HAVE A REGULAR NANNY OR CAREGIVER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	NAME:	Length of Time with Child:	

OTHERS LIVING IN HOME	NAME:	Relationship to Child:
	NAME:	Relationship to Child:

PETS	NAME:	Type:
	NAME:	Type:
	NAME:	Type:
	NAME:	Type:

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HOME LIFE	HAS YOUR CHILD OR FAMILY RECENTLY EXPERIENCED A MAJOR LIFE CHANGE (I.E., BIRTH, MOVE, DEATH)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please elaborate on how your child is reacting to this major change.

REGULAR ROUTINES	DOES YOUR CHILD RELY UPON A SPECIAL COMFORT ITEM SUCH AS A BLANKET, BEAR, ETC.? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide the "name" of the item _____
	Will your child want to bring this item to school? <input type="checkbox"/> Yes <input type="checkbox"/> No

INTERESTS	FAVORITE BOOKS OR STORIES:
	FAVORITE PLAY ACTIVITIES:
	ORGANIZED GROUP EXPERIENCES (I.E., SPORTS, MUSIC, SUNDAY SCHOOL, ...)

FURTHER INFORMATION	DO YOU HAVE ANY INFORMATION/CONCERNS ABOUT YOUR CHILD YOU WISH TO SHARE?
	ARE THERE AREAS WHERE YOUR CHILD EXCELS AND/OR EXPERIENCES DIFFICULTY THAT WOULD BE IMPORTANT TO SHARE?
	DOES YOUR CHILD RECEIVE:
	SPEECH THERAPY <input type="checkbox"/> Yes <input type="checkbox"/> No Occupational Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICAL THERAPY <input type="checkbox"/> Yes <input type="checkbox"/> No Sensory Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER THERAPY:	