



# CHRIST CHURCH PRESCHOOL & KINDERGARTEN 2020-2021 "Getting to Know You" Form

<b>CHILD'S NAME:</b>	
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*(First)*

*(Middle)*

*(Last)*

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

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

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

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

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

<b>OTHERS LIVING IN HOME</b>	<b>NAME:</b>	Relationship to Child:
	<b>NAME:</b>	Relationship to Child:

<b>PETS</b>	<b>NAME:</b>	Type:
	<b>NAME:</b>	Type:

<b>MASKS</b>	<b>IS YOUR CHILD ABLE TO PUT ON A MASK WITHOUT ASSISTANCE?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>ARE THERE ANY CONCERNS (HEALTH/OTHER) WITH YOUR CHILD WEARING A MASK AT CCK?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:		

CCK 2019-20 Teacher: \_\_\_\_\_ (  My child is new to CCK)

<b>HOME LIFE</b>	<b>HAS YOUR CHILD OR FAMILY RECENTLY EXPERIENCED A MAJOR LIFE CHANGE (I.E., BIRTH, MOVE, DEATH) OR HAS YOUR CHILD SHOWN ANY CHANGES IN BEHAVIOR AT HOME DURING THE GLOBAL PANDEMIC THAT MIGHT AFFECT THE SCHOOL SETTING?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please elaborate:

<b>REGULAR ROUTINES</b>	<b>DOES YOUR CHILD RELY UPON A SPECIAL COMFORT ITEM SUCH AS A BLANKET, BEAR, ETC.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    *Please note: Comfort items will not be allowed at school this year.
	<b>MY CHILD TAKES A</b> _____ <b>MORNING NAP</b> _____ <b>AFTERNOON NAP</b> _____ <b>NO NAP</b>
	<b>MY CHILD IS FULLY POTTY TRAINED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Comments:

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

<b>FURTHER INFORMATION</b>	<b>DO YOU HAVE ANY INFORMATION/CONCERNS ABOUT YOUR CHILD YOU WISH TO SHARE?</b>
	<b>ARE THERE AREAS WHERE YOUR CHILD EXCELS AND/OR EXPERIENCES DIFFICULTY THAT WOULD BE IMPORTANT TO SHARE?</b>
	<b>DOES YOUR CHILD RECEIVE:</b>
	<b>SPEECH THERAPY</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Occupational Therapy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>PHYSICAL THERAPY</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Sensory Therapy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OTHER THERAPY:</b>	
<b>*IF YOUR CHILD NORMALLY RECEIVES/REQUIRES IN-SCHOOL THERAPY, PLEASE CONTACT MEREDITH SORRELL, HEAD OF SCHOOL.</b>	