



ABOUT ME FORM 2020-2021

Today's Date _____

Full name of child _____

Parent(s) Skills and Interests _____

Email _____

Has your child participated in any other preschool/kindergarten programs? If yes, please specify:

HOME LIFE

Does your child live with both parents? If not, please describe present living situation.

Does your child have siblings? How do they get along? _____

Describe a typical breakfast, lunch and dinner for your child _____

Bed Time _____ Waking Time _____ Any Nap Times _____

How does your child enjoy spending his/her time? _____

How many hours per week is media part of your

child's routine? Television __

Videos/Movies _____

Computer _____

Electronic Games _____

If the school asks to limit media time for your child, would you have difficulty in meeting this request? _____

If so, please explain _____

Does your child have special needs, challenges or fears? _____

Does your child have any strong like or dislikes (food, clothing, other, etc.)? _____

What form of discipline do you use at home? _____

In order to help us better understand your child, please share with us the experience of your pregnancy, birth or adoption and your child's first year in terms of health and development.

Is there anything else you would like us to know about your child? Feel free to write on the back if necessary _____

CHILD'S HEALTH AND DEVELOPMENT

Does your child have any food/other allergies? _____

Has your child had any serious or chronic illnesses, accidents or injuries? _____

Does your child take medicine presently? _____

Does your child have a medical condition that would prevent any regular play activity?

Signature of Parent or Guardian

Date