



## *ABOUT ME FORM*

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.

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Does your child have siblings? How do they get along? \_\_\_\_\_

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Describe a typical breakfast, lunch and dinner for your child \_\_\_\_\_

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Bed Time \_\_\_\_\_ Waking Time \_\_\_\_\_ Any Nap Times \_\_\_\_\_

How does your child enjoy spending his/her time? \_\_\_\_\_

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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? \_\_\_\_\_

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

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What form of discipline do you use at home? \_\_\_\_\_

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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.

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

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**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?

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\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date