This **Information Sheet** requests information that we feel is helpful for our teachers to provide adequate care for your child and to plan appropriate experiences. All information is confidential.

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| Child’s name  |   |
| Other children in the household, please include name, age and relationship to child  |  |
| Adults in household (parents, aunt, grandparent, etc.) What does your child call them? |  |
| Child’s role in family? (leader, follower?)  |   |
| Activities child enjoys (ex. Sports, imaginative play, arts and crafts, story time)  |   |
| What other group experiences has your child had? (Sunday school, day care, library story hour)  |   |
| What other children does your child have to play with? (siblings, neighbors, cousins…) |   |
| How does your child interact with other children? |   |
| How does your child react to new experiences or situations? |  |
| How would you describe your child’s social behavior? |  |
| Can your child take care of their physical needs?(toileting, washing hands, dressing?) What assistance might they require? What words does he/she use for bathroom needs? |  |
| What adjustment concerns do you anticipate when your child begins school? |  |
| What concerns do you have about your child’s development? |  |
| What are your main objectives for sending your child to school? |  |
| Are there any food allergies or dietary restrictions that we should be aware of?Are there any non-food or contact allergies? (latex, bee sting,) |  |
| What languages are spoken in the home?Do family members speak/understand English?Does your child speak and understand English?Is your child learning to read in another language? |  |
| Any other information you would like to share to assist the teachers? |  |