

# FAITH PRESCHOOL

## GETTING TO KNOW YOUR CHILD

We want to understand your child as an individual and in the group setting. Answers to these questions are for teacher use only. Please return this form directly to your child's teacher at the Parent Orientation meeting.

- CHILD'S NAME** \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Last) (First)
- Nickname/Name Child Prefers: \_\_\_\_\_
- Father's Name \_\_\_\_\_ Father's Employer \_\_\_\_\_
- Mother's Name \_\_\_\_\_ Mother's Employer \_\_\_\_\_
- Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
- Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_
- Work Phone (Mom) \_\_\_\_\_ Work Phone (Dad) \_\_\_\_\_
- Cell Phone (Mom) \_\_\_\_\_ Cell Phone (Dad) \_\_\_\_\_
- Sibling's Names & Ages \_\_\_\_\_
- Other People in the Home \_\_\_\_\_ Church Affiliation \_\_\_\_\_
- Has your child previously attended a preschool? \_\_\_\_\_ If so, where? \_\_\_\_\_
1. What are your child's special interests? \_\_\_\_\_
  2. Does your child tend to use the right hand \_\_\_\_\_, left hand \_\_\_\_\_, no preference yet \_\_\_\_\_
  3. Does your child have any vision, speech or hearing problems? \_\_\_\_\_  
If so, has there been therapy? \_\_\_\_\_
  4. Does your child have any allergies? \_\_\_\_\_ Do they have an Epi-Pen? \_\_\_\_\_
  5. Do you have any areas of concern or input you would like to offer that will allow us to meet your child's needs most fully?  
\_\_\_\_\_
  6. Does your child know his/her name? \_\_\_\_\_ Can your child print his/her name? \_\_\_\_\_
  7. Please list any of your child's fears or anxieties. \_\_\_\_\_
  8. In what kind of situation might your child need the most help? \_\_\_\_\_
  9. (To be answered by both parents.) What do you enjoy most about your child?  
Mother: \_\_\_\_\_  
Father: \_\_\_\_\_
  10. What do you hope your child will gain from preschool? \_\_\_\_\_