

INTRODUCE US TO YOUR CHILD

School for Little Children Bellaire United Methodist Church
4417 Bellaire Blvd., Bellaire, TX 77401
713-666-1111

NOTE: **This information is for the CONFIDENTIAL use of teachers and staff who will work with your child.**

The more completely you answer the questions the better understanding we will have of your child.

Child's full name _____ Name called _____

Birthdate _____ Gender _____

Child's home address & zip _____

Parent 1 Name _____ Business/profession _____

Parent 1 Address _____ phone _____

Parent 1 Email _____

Parent 2 Name _____ Business/profession _____

Parent 2 Address _____ phone _____

Parent 2 Email _____

Parents' marital status: _____ Married _____ Separated _____ Divorced _____ Other

Are there special custody or visitation arrangements we should be aware of? _____

Caregiver name (if applicable): _____ Caregiver's primary language _____

What adults live in the home? _____

Siblings' names and ages: _____

Pets and names: _____

Previous school experiences: _____

With whom does the child play? _____ Enjoys playing alone? _____

Favorite play materials / activities _____

Activities outside the home _____

Does child listen to stories? _____ Enjoys books? _____

Cultural/Religious Background: _____

Native Country _____ Native Language _____

Primary language spoken in the home: _____ Second language? _____

Family experiences which have influenced child such as trips, serious illness, moves:

Describe your child at mealtime _____

Does child take a nap? _____ When is bed time? _____

Does your child have a comfort item (lovey)? _____ What is the lovey's name? _____

Describe your child's school day routine (Wake-up time, routine before school, etc.):

Is your child unusually nervous or anxious? _____

What causes a show of temper? _____

What form of discipline is used? _____

How does child act when disciplined? Angry? _____ Pout? _____ Sullen? _____ Sorry? _____ Hurt? _____ Other: _____

Tell us about your child's fears & how you handle them:

Birth history (Full term? Premature? Adopted? Difficult birth or post-natal problems?)

Is your child toilet trained? ___ Yes ___ No If yes, for how long? _____ If no, is he/she in progress? _____

Do you have any specific concerns about your child? _____

Instructions for special health needs, if any? _____

Have you detected or suspected difficulties in: Hearing _____ Vision _____ Speech _____ Other _____

Other health problems we should be aware of? _____

Diagnosed Allergies: Food? _____ Other? _____

Is Benadryl or an Epi pen required for severe allergic reaction? _____

Non-allergic dietary restrictions, if any _____

NOW TAKE IT FROM THERE AND TELL US ABOUT YOUR CHILD. Disposition, personality traits, habits, etc. Is he or she imaginative, jealous, independent, talkative, easily angered, happy, active, etc.? Attach another sheet if needed.

Parent/Guardian signature

Date

