

**ST. ANDREW'S PRESBYTERIAN CHILDREN'S PLACE**  
**INTRODUCE US TO YOUR CHILD**

This information is for the confidential use of the teachers and staff who will be working with your child. The more fully you answer the questions, the better they will be able to understand and meet your child's needs, as well as develop a partnership with you.

Child's Full Name \_\_\_\_\_ Name Called \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Right or Left Handed \_\_\_\_\_  
Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ (W) Phone \_\_\_\_\_  
Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ (W) Phone \_\_\_\_\_  
Alternative Phone Numbers \_\_\_\_\_  
Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
          Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
          Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

With whom does child live? \_\_\_\_\_  
Does any one visit your home frequently or for long periods of time? \_\_\_\_\_  
Persons authorized to pick up child \_\_\_\_\_

Church Preference \_\_\_\_\_ Does Your child attend Church School? \_\_\_\_\_  
What language(s) are spoken at home? \_\_\_\_\_  
Are there any special traditions, celebrations, or songs, that are especially important to your family or child? \_\_\_\_\_

How would you like us to support your child's heritage and cultural identity at school? \_\_\_\_\_  
How can we learn more about your heritage and culture? \_\_\_\_\_  
Would you be willing to share something about your culture with the program or with your child's class? \_\_\_\_\_  
Tell us about your child's daily routines \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_ Does he/she nap? \_\_\_\_\_  
What is your child like at mealtimes? \_\_\_\_\_  
What is your child's toilet habits? \_\_\_\_\_  
Does your child have any fears or nervous habits? \_\_\_\_\_

How are you dealing with these fears or habits? \_\_\_\_\_  
How does your child express his/her anger? \_\_\_\_\_

What play experiences and relationships has your child had with other children? \_\_\_\_\_  
What are your child's special skills and favorite pastimes? \_\_\_\_\_

Does your child have any special musical experiences? \_\_\_\_\_  
Are there any household pets and what are their names? \_\_\_\_\_  
Are there any recent serious events that may affect your child's adjustment to school? \_\_\_\_\_

What is your usual form of discipline? \_\_\_\_\_  
What do you hope your child will gain from this preschool experience? \_\_\_\_\_  
How would you describe your child's personality? \_\_\_\_\_