

Saint Joseph

PRESCHOOL FORM

Getting to Know You and Your Child

Please complete each question thoroughly, adding details where necessary.

Child's Full Name _____
 First Middle Last

My child likes to be called _____.

Date of Birth _____ (Please include year.)

My child lives with _____

(Include names of family members, joint custody arrangements, as well as extended family members if applicable)

Mother's Email _____ Father's Email _____

LANGUAGE

Is there another language beside English being spoken in your home?

Is your child able to engage in a two way conversation with adults or peers?

Is your child able to verbally express his feelings and needs appropriately?

Has your child participated in a previous preschool program?

If yes, please write the name and address of the preschool/daycare and kindly provide the progress report which evaluated your child at this preschool or daycare.

Do we have your permission to contact his/her former preschool/daycare if necessary?

ATTENTION SKILLS

Can your child sit still and listen to a story from beginning to end?

Is your child able to focus when coloring and completing art projects?

Is your child able to make eye contact when engaging in conversations?

How many hours of screen time does your child spend each day? (TV, video games, tablets, phones, computers, etc.)

SOCIAL AND EMOTIONAL SKILLS

Is your child able to identify human feelings using facial and body cues?

Does your child have frequent tantrums? (Daily?) If yes, what is a typical trigger of these tantrums?

What fears does your child have?

Give an example of a time when your child showed compassion and understanding to his peers and the adults around him?

What chores/responsibilities does your child share in your family? Are these jobs done on a regular basis?

HEALTH/WELLNESS

Has your child been diagnosed with a medical condition or developmental disorder that will need our sensitivity and attention? Explain.

Does your child receive now or has your child received in the past any of the following interventions: Circle those that apply and explain.

- speech therapy
- physical therapy
- occupational therapy
- vision therapy

Please provide the evaluation documentation or the appropriate IEP (Individualized Education Plan) if applicable.

Were there any significant issues in your child's birth history?

Is your child toilet trained and self-sufficient in the bathroom?

Does your child have allergies? If yes, please explain.

What time does your preschooler go to bed each night?

How often does your child take a nap? If your child does not take a nap, does he/she have quiet time each day?

GENEAL INFORMATION

Describe your child's strengths:

Describe your child's weaknesses:

What activities/topics does your child enjoy?

Does your child attend Sunday Mass with you?

What is your hope and expectation for your preschooler during this school year?

List any other pertinent information you may want to share:

Please note: The information provided here will assist us in knowing and meeting your child's needs. Please sign to indicate that all important and necessary information has been disclosed. Your signature also indicates that this information is accurate to the best of your knowledge.

Signature _____ Date _____

Signature _____ Date _____

Thank you for you for choosing Saint Joseph School!



Form Updated December 2020