



# Alum Creek Preschool

## Getting to Know You

Child's Full Name \_\_\_\_\_

Name you wish your child to recognize and print \_\_\_\_\_

Child lives with (check all that applies):

\_\_\_\_ Both Parents      \_\_\_\_ Mother      \_\_\_\_ Father      \_\_\_\_ Other

Names and ages of all siblings

_____	_____
_____	_____
_____	_____

Are there other members of household? (include names and relationship)

Do you have pets? If so, what kind? What are your pet's names?

Is your child potty trained?      \_\_\_\_ Yes      \_\_\_\_ No

If yes, for how long? \_\_\_\_\_ Are accidents common? \_\_\_\_\_

If no, describe efforts being made at home to encourage use of the toilet.

(over)

Please list any of your child's favorite things (color, toy, song, food etc.)

Does your child have any coping mechanisms, habits or security blankets that would be helpful to the staff of Alum Creek Preschool to know about? For example, does your child have a special blanket or toy? Does your child have any specific routine we should be informed of? Does your child suck their thumb or have some other coping behavior when tired, hungry, and/or frustrated, etc.?

Does your child have any allergies? If yes, what are they? ***A Child Medical/Physical Care Plan must be on file for any child that has allergies or other special health conditions.***

Describe your child's past group experiences and interactions with other children.

Is there any other information you would like to share about your child?

How did you hear about the Alum Creek Preschool?