



New London Christian Preschool Background Information

Child's Name: _____ Class: _____ Date: _____

Child's Birth date: _____

HEALTH BACKGROUND

Is your child taking any medications regularly? Yes No Name of medication? _____

Reason for use _____

Circle any allergies: food environmental seasonal bees/insects animals other
please explain _____

Does your child still take naps? Yes No

What is your child's request word for using the bathroom? _____

How many hours does your child sleep at night? _____

Does your child experience difficulty staying asleep? Yes No Explain _____

Are there any other members of your child's immediate family with a serious health problem? Yes No

Explain: _____

Does anyone help take care of your child on a regular basis? Yes No Who? _____

How many days/hours? _____

Is your child receiving services for any developmental need, such as speech language therapy? Yes No

What services? _____

EMOTIONAL BACKGROUND

What type of discipline do you use at home for your child? _____

Do you find it effective? Yes No

Why do you think it does or does not work? _____

Has your child had any other group experience Day Care/Preschool/Sunday School Yes No

(Name the Organization) _____

Describe his/her experience? _____

How does your child react to babysitters and/or new people and situations? _____

Circle what your child can do completely by him/herself? Feed dress put on coat wash hands & dry

Toileting pick-up toys any other _____

Do you have any behavior problems with your child? _____

How do you handle or prevent them? _____

Are you aware of any fears or anxieties of your child? _____

Does your child find it easy or hard to share possessions with others? _____

Circle the words that best describe your child: Confident Insecure Anxious Responsible Self-reliant Leader Follower Cooperative Loving Fearful Easygoing Slow to warm-up

SOCIAL BACKGROUND

Number of brothers _____ Name and ages: _____

Number of sisters _____ Name and ages: _____

Number of playmates _____ ages of playmates _____

How does your child get along with other children? _____

How much time does your child spend alone each day? _____

How much time does your child spend out doors? _____

Is your child more comfortable with adults or children? _____

In what situations will your child need the most help? _____

SPECIAL INTERESTS

Will your child sit independently and look at a book? _____

Does your child like being read to? _____; How long will your child sit to be read to? _____

What subjects does he/she show an interest in? _____

What are your child's special interests or abilities? _____

What play materials hold their interest the longest? _____

Indoors _____ Outdoors _____

Name and kinds of pets at home _____

Has your child had any exposure to Church/Sunday School or reference to God? Explain _____

Parents,

Occasionally New London Christian Preschool is asked if we ever have parents help out in the classroom. Our answer is yes. This is done by expressing your interest to the teacher and then understanding that the teacher is sensitive to the needs of each child in that classroom. When they feel the children are comfortable with visitors, they will be happy to schedule a time for you to come in. The teacher will offer some suggestions in the event you would like to lend a helping hand.

The 3-year-old parents may look forward to a spring time visit for us with "Bring 1 Parent to School Day." Usually held in February and March. There will be a sign-up chart to come in.

The 4-year old parents will be able to visit the classroom through the months of January, February, and March by scheduling a date as a "Guest Reader" in the classroom. More information will come home about this second half of the school year.