

CHRISTIAN PRE-SCHOOL

"GETTING TO KNOW YOUR CHILD" Child's Name: _____

No one knows your child better than *YOU*! We will all be working as a team to ensure that your child has a good experience. The following information will help us get to "know" your child a little better before he/she arrives. Please use the back of this sheet if you need additional room and thank you for taking the time to complete this questionnaire.

1. What name do you usually use for your child?
2. Is there anything we need to know about your child before pre-school begins (i.e., allergies, services your child may be receiving, concerns you may have?)
3. Is your child toilet-trained? What bathroom terminology do you use?
4. Favorite toys and/or activities?
5. Does your child have any fears or anxieties we should know about?
6. Has your child had any experiences away from family?
7. Who lives in your household with your child?
8. What do you see as your child's strengths?
9. What are your goals for your child this year?
10. Is your family anticipating any changes this year that may impact your child?