

Getting to know your *Preschooler/Pre-K*

Child's Name: _____

Food

Does your child have any allergies? Yes No

Do they have anything specific foods that they dislike? If so, what?

Napping

What time does your child go to bed each night?

What time do they wake up each morning?

Do they nap regularly at home?

If they do not usually nap, what can they do during a quiet time?

Skills

My child can use scissors: Yes No

My child uses pencils at home: Yes No

My child uses crayons at home: Yes No

My child can potty completely alone: Yes No

If your child needs assistance in the bathroom, how so?

If they do not fully potty alone, are they in any pull ups, if so, when?

Help us know a little bit more about them:

My child:

- lives with both parents
- lives with one parent
- lives with other family members

Does your child have siblings?

Yes No If Yes, list them below.

My child separates from me:

- with no problem
- teary, but recovers quickly
- has difficulty with separation, recovers slowly

My child deals with emotions mostly by,

- throwing tantrums
- needing hugs (being comforted)
- asking for help
- sitting alone
- distractions (toys, stories, etc.)
- singing songs
- being around friends

Has your child been in childcare before?

Yes No

What does your child enjoy? (Example, singing, a certain toy, playing outside):

Is there anything else we should know about your child?
