

# HELP US GET TO KNOW YOUR CHILD

Linglestown Christian Nursery School

**CHILD'S NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Nick Name \_\_\_\_\_  
Gender: Male Female Birthday \_\_\_\_\_ Form completed on (date) \_\_\_\_\_

## Family History

Have there been any significant changes in your child's life in the past year? (E.g. death, separation, new baby, etc.)

Is there any additional information that would help us to relate to your child (e.g. food likes and dislikes, security items, fears, religious or cultural observations, vegetarian, other languages spoken in the home, etc?)

Religious Preference:

Congregation name & city \_\_\_\_\_

\_\_\_\_ Christian/Protestant; \_\_\_\_ Christian/Catholic; \_\_\_\_ Christian/Orthodox

\_\_\_\_ Christian but do not belong/attend a church

\_\_\_\_ Hindu; \_\_\_\_ Sikh; \_\_\_\_ Muslim; \_\_\_\_ Other, please list

\_\_\_\_\_

Do you practice your religious faith in your home as a family? Read the Bible/holy book? \_\_\_\_\_  
Pray? \_\_\_\_\_ Any special traditions?

What form of discipline is used in your home? \_\_\_\_\_

## Social History

Does your child have any experiences playing with other children? What ages?  
Other preschool experiences?

When your child is upset, how do you comfort him or her? \_\_\_\_\_

What is your child's dominant hand for using pencil, crayons, etc.? right left either

## General Health History

Has your child had any medical problems before or since birth? Yes No

Is your child potty-trained? Yes No

Is your child in \_\_\_\_diapers? \_\_\_\_pull-ups? \_\_\_\_underwear?

Children in the 2 year old classes will have their diapers changed. Parents of children in the 3, 4, or 5 year old classes will receive a phone call to come and change your child should an accident occur.

Approximately how many hours of sleep does your child get? \_\_\_\_\_

What are your expectations/goals for your child this year?

**Parent Information**

Parent 1 occupation \_\_\_\_\_ Employer \_\_\_\_\_

Parent 2 occupation \_\_\_\_\_ Employer \_\_\_\_\_

Would you be willing to share information about your career with the class? \_\_\_yes \_\_\_no

**Other adults living in the household:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Siblings:**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_

Which elementary school will your child attend?

Languages spoken in the home

My child is/was (circle one) receiving Early Intervention/Intermediate Unit (circle one) services.

My child is/was (circle one) receiving private services

Please elaborate \_\_\_\_\_

Agency Name(s) \_\_\_\_\_

Give a copy of the IEP to the school office ASAP.

We will give you a Release Form from LCNS to be signed and returned ASAP.

Other Pertinent Information

Does your child have an allergy, asthma, food intolerance? If so, describe.

We will give you a Care Plan and Accommodations Plan to be returned to the school office ASAP.

Bring your Epi-Pen/Benadryl/medications to the school office by the first day of school.

Is there anything else we should know that would help us understand your child?

**Please complete the "Learn the Signs. Act Early." Questionnaire in addition to this paper.**