

Family and Social Record

Child's given name: _____ Date: _____

The following information is used as a guide and reference for teachers. The information provided will be kept confidential.

Name child will use and write at school (if different) _____

Birth date: _____ (mm/dd/yy) Sex: Male _____ Female _____

Ethnicity: (optional) _____

Left-handed _____ right handed _____

Immediately following school, where will your child normally go? _____

What are your goals in sending your child to preschool? _____

Family

Present status of Parents in Child's present family:

Married _____ Living together _____ Living Apart _____ Divorced _____

Other children in Family (indicate if step, foster, etc.)

Names	Age	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other adults, other than parents, in the home? _____

Social and Emotional Development

Has your child had previous group experience? _____ Where? _____

Does your child prefer to play alone _____, w/playmates _____ w/ siblings _____ w/ adults _____?

Does your child have a pet? _____ What kind? _____ Name: _____

What are your child's favorite activities? (Indoor and outdoors) _____

What special interests/skills/hobbies does your child have? _____

Does your child have any special needs? Y____ N____

If yes what are the needs: _____

Would you like to meet with the teacher or administrator to share information concerning these needs? By phone? _____ in person? _____

Family and Social Record

Family Life

Is your child a good _____, average _____, or poor _____ eater?

Food dislikes _____

Food allergies _____

Describe how your child goes to sleep (stays up later, set bed time, naps, etc) _____

Any other family activities that you would like us to be aware of? _____

Guidance and Behavior

Would you judge your child to be easily managed _____, fairly easy to manage _____, difficult to manage _____.

Are there any special circumstances in the family, which may be a factor in your child's present behavior (divorce, death, new baby, recent move, etc.)? _____

How are you handling the concerns? _____

Types of discipline used at home by mother: _____ By father: _____

Are there things your child is especially fearful of? Y _____ N _____, please describe

Would you like to receive the St. James Lutheran Church Newsletter? _____

Parents Signature: _____ Date: _____