

**ST. BARTHOLOMEW CATHOLIC PRESCHOOL 2021-2022**

**INTRODUCE US TO YOUR CHILD**

This information is for the CONFIDENTIAL USE of the teachers who will be working with your child. The more completely you answer the questions, the better the teachers will be able to tailor an educational and motivational program to fit his/her needs.

Child's Full Name \_\_\_\_\_ Name Called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male or Female \_\_\_\_\_ Child's Phone Contact \_\_\_\_\_

Child's Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Child's primary language \_\_\_\_\_ What languages are spoken at home? \_\_\_\_\_

Any known allergies (seasonal/food/medications, etc.) \_\_\_\_\_ Please describe: \_\_\_\_\_

Please list siblings and their ages \_\_\_\_\_

List any pets; include name and type of pet \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ If yes, please describe any assistance needed or special words that may be used: \_\_\_\_\_

Is your child taking medication or on a special diet? \_\_\_\_\_

What has been your child's previous preschool experience? \_\_\_\_\_

Is your child enrolled in schools in addition to St. Bartholomew's Catholic Preschool? \_\_\_\_\_ If so, where? \_\_\_\_\_

When? \_\_\_\_\_ Why? \_\_\_\_\_

Child's out of school interests and activities \_\_\_\_\_

Does your child usually play with peers? \_\_\_\_\_

Does your child have any special objects or rituals that help with transitions or difficult times? \_\_\_\_\_

Are there any personal or physical special needs we should know (or conference privately) about? \_\_\_\_\_

Has your child received any special services from a private agency or the school district? If yes, what services did they receive?

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Does your child have any special fears? \_\_\_\_\_

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What academic areas would you like to see stressed? \_\_\_\_\_

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What social skills would you like to see developed? \_\_\_\_\_

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Does your child have any speech, hearing or vision special needs? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Please list the names of any programs or special services that your child is receiving and the names of any contact persons to call \_\_\_\_\_

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Are there any recent family experiences that have influenced your family and child (i.e., recent move, new baby, or death in family)?

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Please feel free to give us any additional information that might help us understand your child and his or her needs better.

**Signature of Parent Completing Form** \_\_\_\_\_ **Date** \_\_\_\_\_