



Greensburg United Methodist Church Loving Hands Preschool

Child's Name (Last)	(First)	Nickname (if any)
Birthdate	School District in which you reside	

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff that cares for your child.

Who is in the child's family?
Who lives at home with the child? Please include names and ages of siblings, if any
What is the primary language spoken in your child's home?
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Details?
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend, or pet) <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Details?
Are there any cultural or religious practices of your family of which we should be aware? (dietary restrictions, clothing, head coverings, etc)
Do you have any pets at home? If so, what are they and what are their names?
Has your child had a previous care arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Details? (center based, in home, with family, with parents, etc)
Please circle <u>all</u> of the words that best describe your child's personality and behavior: active adventurous affectionate anxious bossy bright busy calm cautious cheerful content creative curious easily angered emotional energetic excitable friendly gives in easily happy hesitant insecure jealous likes structure/routines loud loving mellow outgoing prefers adult attention quiet sensitive serious shares well social spontaneous stubborn tentative
Are there additional personality and behavior characteristics that would be useful to know about your child?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child need assistance when using the toilet? What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are some of your child's favorite play activities/interests? (This helps us to begin planning activities/units for classroom)

What are the top three goals you would like your child to achieve this year? These will be used to help your child's teacher create an Individual Learning Plan (ILP) for your child.

1.

2.

3.

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date