

Student Information Form

2015-2016

1. Child's Name _____ Preferred Name in school _____ Birth Date _____
2. Is your child toilet trained? _____ Describe assistance needed and words used in toileting _____
3. Does your child have any particular fears?(the dark, loud noises, dogs, alarm sounds, etc.) _____
4. Does your child have any problems with vision or hearing? _____ If so, please explain. _____
5. Is your child's speech understandable? _____
6. Does your child have frequent colds? _____ Earaches? _____ Sore throats? _____
Fever? _____ Stomachaches? _____
7. Has your child had any serious operations or accidents? _____
8. Do you have any concerns about any aspect of your child's development at this time? _____
9. Do you have any discipline problems with your child? _____ Eating problems? _____
Sleeping problems? _____
10. Has your child gone to preschool ,daycare, or had any group experience with other children? _____ If yes, where and how often _____
11. Is your child receiving preschool services in your town? _____? If so, what type of continued support does your child need from CDSW? _____
12. Is any language other than English spoken in your home? If so, please describe _____
13. Do you have any special traditions pertaining to holidays at home that would be of special interest to the other children in the class? _____ Would you like to share them with the class? _____
14. Please list all family members living in the home at this time and their relationship to the child the child including ages of any siblings: _____
15. Do you or anyone else in your family have any talents or hobbies to share with the children in the class? _____
16. Briefly describe your child: _____
16. What do you hope will be included in your child's preschool program? _____
17. Please give us any other information that would assist the staff in making your child's transition to his/her new classroom an enjoyable one. _____
18. Please tell us when your child first began attending CDSW: (Month & year) _____
19. Because teachers communicate by e-mail, please give us your e-mail address _____

All information in this sheet will be kept confidential and is solely for the purpose of providing your child's teacher with as much information as early as possible. Kindly read the enclosed school guidelines sheet.

Please feel free to ask for a conference at any time during the school year.
Thank you for helping make your child's time at Children's Day School enjoyable !