

St. Mark's Preschool & Kindergarten

3809 E. 3rd St. Tucson, AZ 85716 ◆ 520-325-1510 ◆ fax 520-323-0432 ◆ www.stmarkspreschool.com ◆ office@stmarkspreschool.com

Child & Family Information

Please complete the following as thoroughly as possible. This information helps teachers to better understand your family.

Child's Name _____
 first **middle** **last**

If different than above, what name does your child prefer to be called, i.e. a shorter name or nickname _____

School Year **20** _____ **20** _____

Home & Family Information

Parents

Parent/Guardian Name _____ Occupation _____

Parent/Guardian Name _____ Occupation _____

Siblings

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Other Adults in Household

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Language/s spoken at home _____

Does your child regularly hear/speak any other language? If yes, what languages? _____

Is your child living with both parents? _____

Are there any custody issues in regards to your child? _____

Does your child have any stepparents or significant adults in his/her life? _____

If there has been a recent divorce, separation, or death in the family, how is your child reacting? _____

What relative/s is your child close to? _____

If you wish, please share your family information pertaining to religion, culture and/or family background.

Child Information

List your child's hobbies or interests _____

List any foods your child likes or dislikes _____

Child's sleeping habits: Likes to be rocked _____ Special toy in bed _____ Thumb sucking _____
Special blanket _____ Night light _____

Does your child enjoy playing with other children or do they prefer playing alone? _____

How does your child react in new situations? _____

Does your child seem reluctant to be left in the care of others? _____

Does your child express fear of: _____ People _____ Darkness _____ Dogs _____ Loud Noises _____ Other _____

What methods of discipline work best with your child? _____

Does your child have angry outbursts, temper tantrums, or sullen spells? If yes, how do you handle these situations?

Please describe any concerns or expectations regarding your child's preschool/kindergarten education:

Is there any other information you would like to share with your child's teacher that may be helpful?

Parent/Guardian's Name

Date

Child Development Information

Child's Name _____
first **middle** **last**

Has your child had previous experience in preschool or day care? _____

Please give the age (exact or approximate) at which the following tasks were accomplished

Rolled over both ways _____ Sat up alone _____ Crawled _____

Stood up alone _____ Walked _____ Talked _____

Toilet training: started _____ completed _____

Has your child had the chickenpox: **yes** **no**

Does your child have any of the following

- | | | | |
|-------------------------|--------------------------------|------------------|---------------------|
| _____ Frequent colds | _____ Constipation | _____ Hay Fever | _____ Heart Trouble |
| _____ Frequent earaches | _____ Severe allergies | _____ Diarrhea | _____ Nose Bleeds |
| _____ Stomach upsets | _____ Diabetes | _____ Nightmares | _____ Asthma |
| _____ Prolonged fevers | _____ Other Medical Conditions | _____ | |

If yes to any of the above, please explain frequency and circumstance: _____

Do you feel your child has behavioral or emotional difficulties? _____

Has your child seen a specialist for this issue? _____

Name of specialist or physician _____

Does your child have any speech or language difficulties? _____

Has your child seen a specialist for this issue? _____

Name of specialist or physician _____

Does your child have any vision or hearing difficulties? _____

Has your child seen a specialist for this issue? _____

Name of specialist or physician _____

Is there any other information your child's teacher may find helpful to know about your child's development?

Parent/Guardian's Name _____ Date _____