

Please give all of the information you can on the following as they relate to your child:

Toilet Habits \_\_\_\_\_

(Please note: All children entering 3's and 4's classes must be potty trained at the time of enrollment)

Eating Habits \_\_\_\_\_

Sleep Habits: Does your child nap or rest during the day? \_\_\_\_\_ When? \_\_\_\_\_

What time is bedtime? \_\_\_\_:\_\_\_\_ Does your child resist nap or bedtime? \_\_\_\_\_

Need anything special to help him/her fall asleep? \_\_\_\_\_

Behavior Habits: Does child (Check all that apply) \_\_\_\_\_ bite nails \_\_\_\_\_ suck thumb

\_\_\_\_\_ throw tantrums \_\_\_\_\_ bite others

Can your child care for himself in the following areas? \_\_\_\_\_ dressing \_\_\_\_\_ bathroom

\_\_\_\_\_ brush teeth \_\_\_\_\_ tie shoes

Does your child have any fears? \_\_\_\_\_ Does your child cry easily? \_\_\_\_\_

What is your child's reaction to strangers? \_\_\_\_\_

Is it easy for him/her to be separated from either parent? \_\_\_\_\_

Playing/Relating to Others:

Does your child play well with other children? \_\_\_\_\_

Is it hard for your child to take turns? \_\_\_\_\_ To share? \_\_\_\_\_

Does your child play well by himself? \_\_\_\_\_ Special interests and toys? \_\_\_\_\_

In what area(s) do you see your child showing strengths? \_\_\_\_\_

In what areas would you like to see your child improve? \_\_\_\_\_

Has your child been involved in a group experience with other children? \_\_\_\_\_

(i.e. church nursery, YMCA, My Gym, other day cares/preschools, etc.)

Please note any additional information about your child that you feel would benefit your child's teacher(s): \_\_\_\_\_

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