

**DON'T FORGET  
THE 3 REQUESTED  
PHOTOS!  
2 OF JUST YOUR  
CHILD AND 1  
FAMILY PHOTO  
CASUAL 4X6'S  
WORK GREAT!**

(For office use: Class \_\_\_\_\_)

***“Getting to Know You...”***

**PLEASE PRINT CLEARLY**

Child's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
*First Last*

Birth date: \_\_\_\_\_ Age in September: \_\_\_\_\_ years \_\_\_\_\_ months

Father's Name / Guardian: \_\_\_\_\_

Mother's Name / Guardian: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email Address #1: \_\_\_\_\_

Email Address #2: \_\_\_\_\_

Does your child have any special needs about which we should know? (Allergies, speech, hearing, sight, developmental, emotional, etc.) Please elaborate. Attach additional sheet if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the name and birth date of all children in your family:

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BACKGROUND INFORMATION**

1. Has your child had any previous preschool experience? \_\_\_\_\_ yes \_\_\_\_\_no

If yes, where and when? \_\_\_\_\_

If previous experience is at St. Paul's Preschool, what class and teachers?

\_\_\_\_\_

2. What school district is your family located in? \_\_\_\_\_

3. Will your child be attending kindergarten next year? \_\_\_\_\_ yes \_\_\_\_\_no

If yes, what district and which school within that district? \_\_\_\_\_

4. Does he/she have any physical disabilities/problems? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain: \_\_\_\_\_

5. Has he/she ever been hospitalized? \_\_\_\_\_ yes \_\_\_\_\_no if yes, for how long? \_\_\_\_\_

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

7. Do you anticipate adjustment or separation issues in the first week of school? \_\_\_\_\_yes \_\_\_\_\_no

8. During the first week of preschool, children often experience a feeling of strangeness in a new environment. Is there some special thing from home that we could talk about to make a connection with your child? For example: Siblings, pets, favorite toy, or a new skill?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is your child accustomed to sharing things with others? \_\_\_\_\_ yes \_\_\_\_\_no

10. Can you think of any activity that your child would not like to participate in? Please list below:

\_\_\_\_\_

11. Does your child mind getting dirty? \_\_\_\_\_ yes \_\_\_\_\_no

12. Name three types of toys he/she would like to play with.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

13. Does your child have regular playmates of his/her own age? \_\_\_\_\_ yes \_\_\_\_\_no

14. Would your child rather play by himself/herself or with others? \_\_\_\_\_ himself/herself \_\_\_\_\_others

15. What kind of quiet activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

What kind of noisy active ones? \_\_\_\_\_

\_\_\_\_\_

16. Every child is unique and special—some have a good sense of humor, others are very kind. What is special about your child?

\_\_\_\_\_

\_\_\_\_\_

17. Do you currently have any other children/relatives attending St. Paul's Preschool?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, who and what class(es)? \_\_\_\_\_

18. Is English the primary language spoken in your home? \_\_\_\_\_ yes \_\_\_\_\_no

If other than English, what is the primary language spoken at home? \_\_\_\_\_

19. Does your child have any recognizable birthmarks or skin conditions we should be aware of?

\_\_\_\_\_ no \_\_\_\_\_yes, please explain. \_\_\_\_\_

20. **We would like to have preschool include your family's involvement.** Please list skills or talents you or someone else in your family can share. Is there something special about your culture or heritage? (Examples include: Cooking, crafts, carpentry, library skills, singing, sewing, story reading, art, nature collections, musical instruments, jobs etc.) Please list who and what they can share:

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21. Do you know of any community helpers/persons (including yourself) with an interesting job or hobby to share with the children? (Examples but not limited to: Doctors, nurses, dentists, police officers, firefighters, veterinarians, teachers, story tellers, actors/actresses, dancers, musicians, artists, etc.)

If yes, please list who and what they do. \_\_\_\_\_

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22. Do you have any field trip or in-school program ideas to share? \_\_\_\_\_

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23. Many times parents have access to supplies. For example: Styrofoam bricks, plastic boxes, paper of all kinds, cloth, cards, wrapping paper, rug samples, cardboard boxes, bags, toothbrushes, etc. List any things you would like to or could be able to contribute.

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24. What kind of activities are you looking forward to your child experiencing this year? \_\_\_\_\_

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25. Please list your Church affiliation. \_\_\_\_\_

If none, would you like to learn more about St. Paul's United Methodist Church? \_\_\_\_yes \_\_\_\_ no

26. List any other information you feel will be helpful to our teaching and office staff. \_\_\_\_\_

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27. Will your child be going to St. Paul's Child Care before/after class on a regular basis? \_\_ yes \_\_ no

28. How did you learn about St. Paul's Preschool? \_\_\_\_\_

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