

Bala Cynwyd School for Young Children

Toddler / Preschool Information Sheet

We look forward to getting to know you and your child better. We'd like you to answer as many of the following questions as you'd like. This is information which could be helpful in beginning our partnership in providing the best experience for your child.

1. _____
Child's Name _____ Preferred name to be used _____ Birthday _____
(First) (Middle) (Last) at school, if different

Parent/Guardian Name _____
Best Telephone Number(s) where the Teacher can reach you during the day, if necessary

Occupation, Hobbies, Interests _____

Parent/Guardian Name _____

Best Telephone Number(s) where the Teacher can reach you during the day, if necessary

Occupation, Hobbies, Interests _____
2. Would a family member be willing to share information about an occupation, hobby or interest with our class sometime this year? If so what? _____

3. Child lives with: Both Parents Other
If other; _____
4. Siblings:
Name _____ Age _____ Attends school at _____
Name _____ Age _____ Attends school at _____
Name _____ Age _____ Attends school at _____
Pets? _____
5. If entering this School for the first time, has your child been in a Toddler or Preschool Program before? If so where? _____ Full Day Half day
6. What might be helpful for us to know about how your child handles being separated from you? _____
7. Toileting: Trained Not Yet Trained In Process
 Trained with occasional accidents Needs help in the bathroom

8. Anything that would be helpful to know about Naps? _____
9. Any habits, needs, sensitivities or schedules we should know about? _____

10. How would you describe his/her temperament?

11. Where is your child's verbal level? (Ex: no words, single words, two words together, full sentences, articulation, etc.)

12. Tell us about your child's:
- Special interests _____
 - Favorite play materials _____
 - Favorite Playmates: _____
 - Family activities enjoyed _____
 - Favorite Foods _____
 - Least liked foods _____
 - Special diet _____
 - Health concerns _____
 - Fears _____
 - Previous illnesses or injuries _____
13. What do you hope your child will gain from his/her School experience in this class?

14. What strategies work best in getting him/her to do what you need him/her to do?

15. What do you do when that doesn't work? _____
16. What concerns, if any, do you have regarding your child's development or behavior at this time? _____
17. One of the School's goals is to help children develop an understanding of and appreciation for the ways their friends and other people are like them, or may be different from them. This could include languages; cultural traditions and celebrations; family structures; etc.
Optional questions:
- With what cultures does your child identify (ancestry, religion, etc.)? _____
 - What are the holidays celebrated in your home of which you would like us to be aware?

 - Would the adults in your family be willing to visit the classroom to share some of these holidays, cultures, or traditions (e.g. teach us a song or dance; read a book; help us cook something)? Yes No Some possibilities:

18. Other ways a family member might like to be involved in the School

19. Please use an additional sheet if there is anything else you'd like us to know.

We look forward to meeting with you. We'll usually have a moment to chat at drop-off and/or pick-up. If you'd like to have a longer discussion before our regular conference time in October or May, please let us know.