

# St. George's Episcopal School Confidential Information Form

Please introduce us to your child. This information is for the confidential use of the teachers who will be working with your child. Answers beyond yes and no are helpful. If a question is not applicable, please just state N/A.

**Please send a digital photo of family members or guardians who have pick-up privileges to [info@stgeorges](mailto:info@stgeorges)**

Child's Full Name \_\_\_\_\_ Name called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Biological Sex \_\_\_\_\_

Ethnicity (Please Circle): Are you Hispanic or Latino?      Yes      No      Prefer not to answer

Race (Please circle all that apply):      American Indian/Alaska Native      Asian      Black or African American  
Native Hawaiian/Pacific Islander      White      Prefer not to answer

Family's preferred language: \_\_\_\_\_ If other than English, please provide common phrases used for the teacher.

Please list other children in the family (excluding the child in this report):

Name \_\_\_\_\_ Name called \_\_\_\_\_ Biological Sex \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Name called \_\_\_\_\_ Biological Sex \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Name called \_\_\_\_\_ Biological Sex \_\_\_\_\_ Age \_\_\_\_\_

Please list other family members child sees on a regular basis:

Name \_\_\_\_\_ Name called \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Name called \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Name called \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Name called \_\_\_\_\_ Relationship to child \_\_\_\_\_

Are any siblings enrolled in St. George's Episcopal School? \_\_\_\_\_ If so, what days and classes? \_\_\_\_\_

Names and types of family pets \_\_\_\_\_

Marital status of parents \_\_\_\_\_

If parents are divorced, name of custodial parent \_\_\_\_\_

Name of step-parent(s) \_\_\_\_\_

If your child was adopted, age at adoption? \_\_\_\_\_

Is child aware of adoption?     Yes                       No

Explain if needed: \_\_\_\_\_

Other schools child has attended and dates attended: \_\_\_\_\_

Why did he/she leave? \_\_\_\_\_

**Health Information:**

What are your child's dietary preferences? \_\_\_\_\_

Will your child require an Allergy Action Plan (provided by the school) due to the use of an Epi-Pen? \_\_\_\_\_

Is your child being breast-fed? \_\_\_\_\_ bottle fed? \_\_\_\_\_ formula? \_\_\_\_\_

Is your child normally a good eater? \_\_\_\_\_ Does the family have mealtime together? \_\_\_\_\_

**Developmental Information:**

Please list the names of any programs or special services, i.e. speech / occupational / physical therapy that your child is receiving \_\_\_\_\_

(Please note: children receiving services will require an Individual Education Plan to be coordinated by the school/parents/therapists)

Is child potty trained? \_\_\_\_\_ What words are used regarding bathroom use? \_\_\_\_\_

Do you use cloth diapers? \_\_\_\_\_ (Please note: cloth diapers will need to be accompanied with a sanitary bag for pick up at the end of the day)

Does your child have any fears? \_\_\_\_\_ If so, how are you dealing with them? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ How long? \_\_\_\_\_ What times of the day? \_\_\_\_\_

Does your child have a "lovey"? \_\_\_\_\_ What is it called? \_\_\_\_\_ Does your child have a pacifier? \_\_\_\_\_

Does your child sleep well at night? \_\_\_\_\_ What time does child normally go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_

Does your child follow a regular routine? \_\_\_\_\_ How does he/she react to changes? \_\_\_\_\_

**Behavioral Information:**

What is child's temperament? \_\_\_\_\_ slow to warm / cautious \_\_\_\_\_ easy / flexible \_\_\_\_\_ active / feisty

How does your child show anger? \_\_\_\_\_ Does this happen often? \_\_\_\_\_

How do you handle it? \_\_\_\_\_

What method of behavior management is used in your home? \_\_\_\_\_

How does your child react? \_\_\_\_\_

Family experiences that have influenced child, such as a move, serious illness or recent vacation? \_\_\_\_\_

Does your child have play dates? \_\_\_\_\_ Are these positive experiences? \_\_\_\_\_ Does your child enjoy playing alone? \_\_\_\_\_

Favorite play materials \_\_\_\_\_

Favorite indoor activities \_\_\_\_\_

Favorite outdoor activities \_\_\_\_\_

Does your child enjoy a daily reading experience with an adult? \_\_\_\_\_

Favorite shows and/or characters \_\_\_\_\_ Does your child enjoy music? \_\_\_\_\_

**In Your Words:**

*What are your expectations regarding your child's experience at our school?*

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*Please give us more information about your child or family that you think would be helpful for us to provide the best care and education.*

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