



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.

**Parents: Please include a photo of your family with the names listed on the back.**

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

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

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

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Are any siblings enrolled in St. George's Episcopal School? \_\_\_\_\_

If so, what days and classes? \_\_\_\_\_

If parents are away from home during the day, what are the arrangements for the care of the child when he/she is not at school? \_\_\_\_\_

Please list grandparents information (**name and address**) \_\_\_\_\_

Can this information be used for our Annual Fund mailing? Yes / No

Does family attend church? \_\_\_\_\_ Where? \_\_\_\_\_

Does child attend Sunday church school? \_\_\_\_\_ Other church activities? \_\_\_\_\_

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

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

Is child enrolled in schools in addition to St. George's Episcopal School? \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_ Why? \_\_\_\_\_

Does child have any allergies? \_\_\_\_\_ Please identify \_\_\_\_\_

Is child taking regular medication or on a special diet? \_\_\_\_\_ Please elaborate \_\_\_\_\_

Has child been diagnosed with any physical impairment or developmental delay? \_\_\_\_\_

Please explain \_\_\_\_\_

How are you dealing with it? \_\_\_\_\_

Please list the names of any programs or special services that your child is receiving and the names and phone numbers of any contact people \_\_\_\_\_

Does the child have any difficulties in:  hearing  vision

If yes, how are you dealing with it? \_\_\_\_\_

Is there anything about your child's birth that you would like to share with us?  
\_\_\_\_\_

Do you use cloth diapers? \_\_\_\_\_

What soothes your child? \_\_\_\_\_

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

What concerns if any do you have about leaving your child in care? \_\_\_\_\_

**Child's Nap Schedule**

Time	Length of nap
_____	_____

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

Does child have a "lovey"? \_\_\_\_\_ Pacifier? \_\_\_\_\_

Does child sleep well at night? \_\_\_\_\_

What time does child normally go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_

**Child's feeding schedule** (include meals and snacks)

Time	Kind of Food	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child \_\_\_\_\_ breast fed \_\_\_\_\_ bottle fed \_\_\_\_\_ both?

What is child's temperament at meal times? \_\_\_\_\_

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

How does child show anger? \_\_\_\_\_

Does this happen often? \_\_\_\_\_

How do you deal with it? \_\_\_\_\_

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

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

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

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

Does child enjoy music? \_\_\_\_\_

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

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

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

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

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

Is child aware of adoption?     Yes                       No

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

### **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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Please Attach  
A  
Family Photo