

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 speech

If yes, how are you dealing with it? _____

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

Does your child have any fears? _____

If so, how are you dealing with them? _____

Does your child nap? _____ How long? _____ Does child have a "lovey"? _____

Does 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? _____

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? _____

What method of behavior management is used in your home? _____

How does child react? _____

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

Does child play with other children outside the family? _____ Are these positive experiences? _____

Does child enjoy playing alone? _____

Favorite play materials _____

Favorite indoor activities _____

Favorite outdoor activities _____

Does child enjoy a daily reading experience with an adult? _____

When and with whom does child watch television? _____

Favorite shows and/or characters _____

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?

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.

