

Community of Saints Preschool Program: Information Form



Child's Name: _____ Nickname: _____

Child's Place in the Family (oldest, middle, youngest, only): _____

Child lives with: _____

Child's Siblings & Ages: _____

1. Most of the time my child:

brief description

- Shows interest & enjoyment in stories
- Is a good listener
- Likes to play alone
- Likes to play in a group
- Likes active play
- Likes quiet play

2. My child enjoys these activities the most:

3. Describe how your child behaves in a group of children based on the setting:

- Home/Family:
- Child Care:
- School:
- Other:

4. My child's biggest discipline issue is:

5. Information that would be helpful when working with my child:

Continued on the back ☺



6. Generally, how does your child behave when she/he is...

- Mad:

- Scared:

- Frustrated:

- Embarrassed:

7. Please describe your families' race, religion, home language, abilities, values, and culture.

8. Would you be willing to come into the classroom and share something special about your family (food, culture, traditions...) Please describe 😊

9. May we contact you during the day to share a special joy or accomplishment?

No, I am unable to receive calls or emails at work.

Yes! How can we best reach you?

_____ Email: _____

_____ Phone: _____

9. Goals for your child include: _____
