In the Beginning Preschool
Sammamish WA

PLEASE RETURN!

All About Me-Bouncy Bunnies

Name of Child:_____

Date of Birth:_____Age in September:_____Gender:_____

Mother's Name:_____

Fathers Name:_____

List other children in the home:

First Name Age Grade in School

_____

_____

_____

The following questions are designed to help us better understand your child in order to meet he/her needs:

1. Is your child allergic to certain foods? If so, please list and describe the reaction.

2. Does your child have asthma? If so, please describe.

3. Does your child have other allergies? Please list.

4. Did your child have any previous child care experience? _____
5. What is your child's wake up time:_____
6. What is your child's nap time: _____
7. What is your child's meal times:_____
8. What is your child's favorite song?_____
9. What is your child's favorite bible story?_____
10. What's your favorite sport (for JJJ):_____

OVER

11. Who is your child's favorite person?_____

12. What is your child's favorite book?_____

13. Does your child have any particular habit or mannerism, such as thumb sucking, nail biting? Please describe:

14. Does your child have any particular fears such as dogs, sirens, thunder, etc. Please describe:

15. Does your child have any particular words or expressions that may not be understood by an outsider? Or speak a second language or uses sign language?

16. In general, how does your child react to anxiety or a stressful situation? Does he/she cry, withdraw, throw tantrums, etc. ?

17. Is your child: □ talkative □ quiet □ in between

18. Are there additional circumstances regarding your child's physical or emotional status that you want us to be aware of?

19. Does your child eat well independently? Yes____ No___

20. Is your child toilet trained for _____Urine _____Bowels? Do they tell you they have to use the bathroom? _____

21. How frequently do accidents occur?_____

22. Is there anything else in your child's development that you think we should know? Any special concerns or needs? Is your child under the care of any type of specialist? If yes, please describe: