

ST. PAUL'S PRESCHOOL CENTER



Please help us get to know your child. This form will be shared with your child's teacher to help with the transition to St. Paul's Preschool.

Child's Name _____ Date _____

Has your child had any formal group experience (Sunday School, storytime, swim lessons)?

Has your child had the opportunity to play with other children of similar age?

What type of play does your child engage in when alone? With other children? With the family?

What are your child's favorites? (i.e. color, book, animal, people, places, toys, talents, interests)

Has your child used _____ crayons _____ paint _____ glue _____ scissors
_____ markers

Does he/she play with puzzles? _____ Does he/she listen to music? _____

Does he/she play alone? _____ Does he/she like to color? _____

Who lives at home with your child (ie. parents, grandparents, siblings) Please list ages for siblings. Any pets?

When your child needs to be redirected, what method have you found that works best?

Does your child speak clearly, so that people outside the family can understand?

Does your child speak English at home or another language? Does he/she use any special words that we should be aware of?

Will your child tell an adult when he/she needs to use the bathroom? Does he/she need help?

Will your child feed him/herself?

Try a variety of foods?

Does he/she have any food allergies?

Has your child received any special services for speech, developmental delays, or physical problems? If yes, what services?

Are there any reasons why your child cannot fully participate in the preschool program?

Please feel free to attach a sheet with any additional information that would help our staff understand your child better.

All information is confidential. Furnishing Complete information will help us work with you to provide the best preschool for your child.
