

Kingdom Kids Preschool & Kindergarten

ALL ABOUT ME

(This form will remain in the classroom with the teacher to help them get to know your child better)

Child's Name is: _____ Date of Birth: _____

Address: _____

Address

City

Zip

Church Affiliation

Name of church currently attending: _____

Attending: circle one- weekly / monthly / occasionally We do not attend church: _____

Allergies include: _____

My reaction is: ___ hives ___ rash ___ vomiting ___ breathing issues ___ other, (please explain) _____

I am in diapers: ___ yes ___ no I am potty trained: ___ yes ___ no

I am being potty trained and special phrases used are: _____

I live with ___ mom ___ dad ___ both parents ___ grandparents ___ other. * If other, please specify: _____

My siblings are: _____

Name

age/grade

Name

age/grade

My mom's name is: _____ She works at: _____

Her hobbies are: _____

My dad's name is: _____ He works at: _____

His hobbies are: _____

Language:

What language is spoken at home? _____

Is a second language spoken around the child? ___ yes ___ no. If yes, what language? _____

Sleeping habits:

Time your child usually goes to bed at night: _____ wakes up in morning: _____

Does your child sleep well? ___ yes ___ no. If no, explain: _____

Does your child sleep in a toddler bed? ___ yes ___ no Does your child sleep in a crib? ___ yes ___ no

Eating habits:

Time your child usually eats: Breakfast _____ Lunch _____ Dinner _____

Dressing Habits:

Does your child: Dress his/herself? ___yes ___no Undress his/herself? ___yes ___no

Can your child put his/her shoes & socks on? ___yes ___no

Social Information:

Describe your child's personality:

How does child relate to siblings and/or other children?

What is your child's favorite:

Indoor play activities? _____

Outdoor play activities? _____

Parent/child activities? _____

Disciplinary Information:

List the ways your child expresses anger: _____

Describe any fear your child has: _____

Method of discipline used in child's home? _____

What is child's usual reaction to the discipline? _____

Health History:

Does your child have: ___ frequent colds ___ sore throats ___ nosebleeds ___ headaches ___ sinus trouble
___ ear infections ___ high fevers ___ stomach aches/vomiting ___ frequent use of bathroom ___ frequent constipation

Does your child have any problems with: ___ Speech ___ Vision ___ Hearing

If "YES," explain

Does your child have tubes in his/her ear(s)? ___yes ___no

Has your child ever been hospitalized? ___ yes ___ no If yes, list reason: _____

Is your child currently under a physician's care? ___ yes ___no If yes, what is child being seen for?

Please list any developmental areas that our staff should be aware of:

Parent signature

Date