

Getting to Know Your Child (Pre-K)

Child's Name _____ Date of Birth _____ Child's Preferred Name _____

Please list all members of your child's family/household:

Name	Age	Relationship

What are your expectations for this year? _____

Has your child been in an early learning program or child care before? ☐ Yes ☐ No

If yes, please provide location, the length of time, and type of program _____

Is there any information that will help us make the first few days in our program easier for your child?

How does your child feel about school? _____

Does your child need to be reminded to go to the bathroom? ☐ Yes ☐ No If yes, how frequently? _____

Child's favorite activity _____ Favorite games _____

Favorite toys _____ What comforts them when upset? _____

Child's favorite food _____ Food dislikes _____

What is their normal bedtime _____ Waking time _____

Does your child nap? ☐ Yes ☐ No Duration: _____

Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know?

Would you and/or your family like to be a resource for any cultural awareness activities? ☐ Yes ☐ No

Would you be interested in volunteering in the classroom? ☐ Yes ☐ No ☐ Interested in helping other ways _____

Any other important information you would like to share about your child? _____

What describes your child's natural temperament? (Circle one)

Energy	Quiet	① --- ② --- ③	Very Active
First Reaction (to new people, activities, ideas)	Outgoing/Jumps Right In	① --- ② --- ③	Shy/Holds Back
Mood (General emotional tone)	Usually Positive/Happy	① --- ② --- ③	More Serious/Analytical
Intensity (Strength of emotional reactions)	Has Mild Reactions	① --- ② --- ③	Has Strong Reactions
Persistence (Ease of stopping when involved with an activity)	Easily Redirected	① --- ② --- ③	"Locks in"
Sensitivity (Noises, emotions, taste, stress)	Usually Not Sensitive	① --- ② --- ③	Very Sensitive
Perceptiveness (Notices people, noise, objects)	Hardly Ever Notices	① --- ② --- ③	Very Perceptive
Adaptability (Copes with transitions/changes in routine)	Flexible/Adapts Quickly	① --- ② --- ③	Adapts Slowly
Regularity (Regular about eating/sleeping times, etc.)	Regular/Follows Routine	① --- ② --- ③	Irregular
Attention Span/Distractibility (Ability to follow through with a task)	Stays Focused	① --- ② --- ③	Easily Distracted

Parent/Guardian Signature _____ Date _____

