



St. Michael's Episcopal Day Preschool
2925 Bonifacio St.
Concord, CA 94519
Phone: 925-685-8862

Please fill out the following questions. This important information will help the teacher(s) get to know you and your child/children a little bit better. Keep in mind there are no "correct" answers. Every child and parent is unique. Use this form as a way to reflect on your family, personal values, and child.

Child's name and age:

Parents' names: _____

Phone and e-mail

Parent one: _____

Parent two: _____

Best time for teacher to call:

Please circle the best way to communicate with you about general school and classroom information (newsletter, monthly curriculum, announcements, etc)

Email

Remind App

Website

Printed materials to take home

Printed materials posted in classroom

Getting to know you as a parent...

1. What does Parent 1 do for work? Do you travel?

What does Parent 2 do for work? Do you travel?

2. Who lives at home with your child/children? (parents, siblings, grandparents, roommates, pets, etc.) Please list all names and relationship. Tell us a little about these people or animals in your child's life.

3. Are there other languages besides English that is spoken in the home? If so, what languages?

4. How do you discipline your child/children? Do you use a reward system?

5. What is your child's bedtime routine? Who puts your child to bed? What is their morning routine? Who wakes your child up?

6. What holidays do you celebrate as a family?

Getting to know your child...

1. List previous experience(s) in day care and/or preschool. Include length of time, name of facility, number of children attending and your child's overall experience. . If your child had no prior school experience, list experience with care prior to St. Michael's Preschool (i.e. grandma, nanny, solely with parents, etc.).

2. When you think of your child's strengths and unique qualities, what comes to mind? What makes you laugh? What amazes you? What inspires you? What does your child teach you? What drives you nuts?

3. How does your child behave when frustrated or angry? What things might make your child upset? What strategies have you found successful for dealing with such behavior? Has your child had any recent traumas? If so, please describe.

4. Are there any behaviors would you like to see change in your child? Is there anything in particular you would like us to pay close attention to?

5. What type of self-help skills does your child possess? Can they dress themselves? Do they have chores they do at home? Can they comfort themselves and if so, how?

6. How often does your child use screen time (movies, television, video games, computer, phone, iPad, etc.)? What is their exposure?

7. What types of play and learning activities do you currently do at home with your child? Is your child enrolled in any programs outside of school?

8. Please tell us about other special people in your child's life. Does he/she have opportunities to spend time with grandparents or other extended family?

10. Describe the following for your child:

• Eating habits:

• Potty habits:

• Sleeping habits (special comfort items and/or rituals and routines):

• Fears:

• Likes/Dislikes:

• Special words & their meanings:

11. Does your child have any allergies? If so please share more with us about your child's allergic reactions and the steps needed to help him/her during an allergy attack. If your child has specific allergy medicine you will need to fill out a separate medication authorization form for each medication. We would also like for you to meet with the director to discuss the administration of this medication.