

Saint Martin's Lutheran Preschool  
**HELP US KNOW YOUR CHILD**  
 2009-2010 SCHOOL YEAR

The information provided on this form is for the sole use of your child's teacher and will remain confidential. Please print all information and attach a recent photograph of your child.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Sex: Male Female Language other than English spoken at home? \_\_\_\_\_

Religious preference: \_\_\_\_\_ Church attending: \_\_\_\_\_

**HOME ENVIRONMENT**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Please circle persons living in the home: mom, dad, step-mom, step-dad, guardian, brothers, sisters, step-brothers, step-sisters, grandmother, grandfather, aunt, uncle, other - \_\_\_\_\_

If child is adopted, list adoption age \_\_\_\_\_ Is child aware of adoption? No Yes

Other children in the household:

Name	Age	Relationship to Child	School Attending

Has your child been cared for by someone besides the family? No Yes

Please describe:

Are there grandparents who visit or are visited? No Yes How often? \_\_\_\_\_

Has child been separated from either or both parents for extended periods of time? No Yes

For how long? \_\_\_\_\_ At what age? \_\_\_\_\_

Household pets? No Yes Kind? \_\_\_\_\_ Name(s) \_\_\_\_\_

Does child have an opportunity to play with other animals? No Yes Kind? \_\_\_\_\_

Does your child have a toy/special "lovey"? No Yes What is the item? \_\_\_\_\_

A typical day for your child at home (indicate time spent or time event occurs)

Bedtime: \_\_\_\_\_

Naptime: \_\_\_\_\_

Wake Up Time: \_\_\_\_\_

Favorite Toy/Game: \_\_\_\_\_

Breakfast Time: \_\_\_\_\_

Favorite Playmate: \_\_\_\_\_

Lunch Time: \_\_\_\_\_

TV/Electronic Game Time: \_\_\_\_\_

Dinner Time: \_\_\_\_\_

## HEALTH/DEVELOPMENT

Favorite foods \_\_\_\_\_

Food allergies/special diet \_\_\_\_\_

Does child have asthma or any other ongoing health problems? Please explain:

Any fears (animals, darkness, loud noises, thunder, etc.) ?

Is your child toilet trained? No Yes How long? \_\_\_\_\_

Describe assistance needed and any words used:

Has your child ever had difficulties with hearing? No Yes With vision? No Yes

Has your child had any major illnesses or hospitalizations? No Yes

Please describe \_\_\_\_\_

Please describe any behavioral and/or learning differences we should be aware of?

Does child dress self? No Yes undress self? No Yes

### PLAYMATES

Names	Sex	Age	Frequency & Duration of Contact

Imaginary playmates? No Yes

Play at home (circle all that apply): active boisterous quiet energetic self-initiated

dependent on adult directions/suggestions

In relation to other people, is your child (circle one): shy outgoing cautious friendly

**DISCIPLINE** (Circle methods most often used): redirection ignoring scolding spanking

reasoning threatening put in room put on chair depriving of pleasure other \_\_\_\_\_

Attitude of child when these controls are used: angry sad resigned indifferent ashamed

**THANK YOU FOR YOUR COOPERATION**  
**PLEASE REMEMBER TO INCLUDE A RECENT PHOTOGRAPH OF YOUR CHILD**

Reason for Attending St. Martin's: \_\_\_\_\_

How would you like the school to help you this year? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_