



Getting to Know More about Your Child

Tell us more about your child to help us support the transition into school. Enrollment is not determined based on responses to these questions.

Please circle the interest areas in our classroom that you think your child will enjoy the most:

- | | | |
|------------------|--------------------------|---------------------|
| Block Area | House Area | Art Area |
| Toy Area | Reading and Writing Area | Sand and Water Area |
| Woodworking Area | Movement & Music Area | Computer Area |
| | Outdoor Area | |

Experiences with Language(s)

What language(s) does your family speak?

How much experience (exposure) has your child had with the(se) languages? _____

Is your child growing up with two languages? _____ If so, what are the languages?

Can you tell me about your child's use of English (if at all)?

Experiences:

What are some of the ways your child plays at home?

Does your child play with children from other households? _____ If yes, how? _____

Has your child ever used: scissors? _____ Glue? _____ Crayons? _____ Paint? _____ Pencil?

What other school-type experience has your child had? _____



Approximately how many hours does your child spend daily watching TV?

Approximately how many hours does your child spend daily playing video games?

Approximately how many hours does your child spend daily on the computer or a tablet?

Eating Habits:

At what time does your child eat breakfast? _____ Lunch? _____ Dinner? _____

Between meal snacks? _____ Does your child feed himself/herself? _____

Food Favorites:

Food Dislikes:

Food Allergies:

What foods does your child eat at home?



Sleep Habits:

Does your child have his/her own room? ____ Shares room with: ____ (other children, parents)

At night sleeps from ____ to ____ Average hours of sleep per night: ____

Does your child sleep through the night? ____ Naps from ____ to ____ Average Hours of Naps: ____

Toilet Habits:

Can your child use the bathroom independently? ____

Does your child tell you when he/she needs to go? ____

What words does your child use for urinating and bowel movements? ____

If you have further questions please call the Preschool Programs office at ____

