

All About “Me and My Family” Information Form

Holy Family Preschool is a “Family-Oriented” program that values the relationship that develops between the parents/guardians and the child. The continual development of the family-child relationship builds confidence, motivation and self-esteem as the child enters each stage of development. The teacher caring for your child is committed to connecting the family, child and Center relationships. In doing so we hope your family connection will strengthen and you will find your child to be confident to grow and explore the opportunities we provide here at Holy Family Preschool.

We have selected questions that will assist our staff in linking your family and our Center together. We want to know how you care for your child at home, what makes them feel secure in their environment, any special needs they may have, information about cultural preferences, etc.

Childs Name: _____ D.O.B. _____

FAMILY

1. Please name the members of the family that live in the home currently and their relationship to the child?

2. Is your family bilingual? If, yes what is the primary and secondary languages spoken at home?

3. We respect the cultural/religious based diversities in our area and invite you to share cultural/religious traditions or practices that you think are significant to the development of your young child?

4. Please indicate if there are any custody issues, restraining orders, etc.?

5. What is the usual method of discipline in your home?

PERSONALITY TRAITS

1. How would you describe your child’s personality?

2. Tell us about your child. What are their likes and dislikes?
3. Has your child had group play experiences including previous childcare? If yes, how many hours per week and was it a positive experience?
4. What types of people, things or experiences seem to frighten your child?
5. Has your child experienced separation anxiety?
6. How would you describe your child's temperament?
7. My child walked at _____ months, began talking at _____ months and was toilet trained at _____ months.

ILLNESSES/NEEDS

8. Does your child have any dietary restrictions and/or allergies? If yes, please describe!
9. Does your child have any special needs that we should be aware of?
10. Does your child take prescribed medications on a regular basis?

DAILY ROUTINE

1. What time does your child get up in the morning?
2. What time does your child go to bed?
3. Does your child sleep during the day? When? How long?
4. How does your child indicate that he/she is sleepy?
5. Does your child use a comfort item when going to sleep?

ADDITIONAL ITEMS

11. What are your expectations of the Preschool experience?

12. Is your child attached to any special toys, objects (stuffed animal, blanket) or pacifier?

13. What are your child's favorite activities?

14. How did you learn about our program and what was the deciding factor for you in selecting Holy Family Preschool for your child?

We ask that you advise us of any changes in your child's environment that may affect his/her behavior at Preschool.

Thank you for providing the above information that will assist our staff in providing a family-oriented program to enhance the overall experience for your child here at Holy Family Preschool.

Additional Information required for the Infant/Toddler Program

1. Is your child toilet learned? If not, are you ready to start the toilet learning process at home?

2. Is your Infant bottle fed or will you be providing breast milk?

3. Is your Infant eating solid foods?

4. How do you put your child to sleep (wrapped in a blanket, rocked, a song, etc)?

5. Tell us about your Infant/Toddler, their likes and dislikes?

6. Is your child prone to diaper rash? If yes, please provide a tube of ointment for staff to apply?

7. Will you be coming in to nurse your child?

8. Please translate the following words into your home language. What word or phrase do you use? This will assist our staff in deciphering your child's needs.

Hello _____ Good Bye _____ Please _____

Thank You _____ Eat _____ Sit _____

Play _____ Come here _____ Sit down _____

Sleep _____ Wash hands _____ Diaper _____

Book _____ Diaper Change _____ Go Potty _____

Nap time _____ Mommy will be back _____

Daddy will be back _____ Pacifier _____

Drink _____ Water _____

Infant/Toddler parents need to complete the Infant/Toddlers Needs and Services Plan located in the classroom.

We ask that you advise us of any changes in your child's environment that may affect his/her behavior at Preschool.

Thank you for providing the above information that will assist our staff in providing a family-oriented program to enhance the overall experience for you and your child here at Holy Family Preschool and Child Care Center.