

## FAITH LUTHERAN PRESCHOOL 2015 - 2016 STUDENT BIOGRAPHY

Child's Name:		
List siblings and their ages:		
Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:
List any known allergies; including medications, seasonal, food, etc.		
Please list any developmental resources your child takes part in. (i.e. speech, occupational, therapy, etc)		
List family pets and/or animals and their names:		
List anyone else that lives in your home other than the names listed above:		
Yes    No	Are there any hearing problems? If so, please explain:	
Yes    No	Are there any speech problems? If so, please explain:	
Yes    No	Do you have any sensory development concerns for this child?	
Yes    No	Has your child been diagnosed with any developmental delays? Please list any applicable.	
Yes    No	Is your child usually hungry at meals and/or snacks?	
Yes    No	Does your child have any digestive or reflux problem?	
Yes    No	Are you concerned about your child's eating habits? If so explain:	

Describe your child's personality:	
What are the child's favorite activities at school?	
Does your child have any fears, anxieties, or special habits that you are aware of?	
What behavior and/or discipline methods do you use as a family?	
Yes    No	Does your child accept new people easily?
Yes    No	Does your child have a hard time with transitions? If so, what can we do to comfort them during transitions?
Yes    No	Has your child shown signs of any nervous habits?
Yes    No	Does your child use a pacifier? If so, when?
Yes    No	Does your child need a "lovie" during naps?
Yes    No	Do you prefer your child to sleep during rest time at school?
Yes    No	Does your child have special nap requirements/procedures? If so explain:
What is your child's disposition when they wake up?	

Give us ideas on helping your child upon waking up.

Yes No

Does your child sleep well at night? How many hours?

Yes No

Does your child wear diapers/pull ups at naptime at home?

Yes No

Is your child toilet trained? As of when?

How does your child indicate the need to use the toilet? (words, signs, reactions)

What word does your child use for urinating and bowel movement?

For children under three, how can we assist with toilet training (if needed)? Boys, does your child sit or stand to urinate?

Yes No

Can your child dress and undress themselves?

Girls Boys

Are your child's playmates generally boys or girls?

Older Younger

Are your child's playmates generally older or younger than your child?

What are your child's favorite foods?

What are your child's least favorite foods?

Is your child a big eater at lunch?

<p>Yes    No</p>	<p>Has your child ever been suspended or dismissed from any other childcare settings? If so, explain:</p>
<p>What are the child's favorite activities away from school?</p>	
<p>What community events or sports does your child participate in (if any)?</p>	
<p>What Church does your child attend? (for statistics)    <input type="checkbox"/> NONE</p>	
<p>Yes    No</p>	<p>Does your child stay in a nursery?</p>
<p>Yes    No</p>	<p>Has the child been baptized?    Date:</p>

Each child is such a unique creation that our final question to you, the parents is open. If there is anything which you feel will help us to know and better understand your child, please provide that as well. If at any time during the year there are changes in your child's life, let us know. We appreciate your support.