



Child Information Form for New-to-School Students  
So we can learn all about you, and be ready for a great start of school!

Today's Date \_\_\_\_\_ Please answer all questions. If needed, attach additional sheets.

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

Last First Middle Nickname

Parent 1: \_\_\_\_\_ Occupation \_\_\_\_\_

Parent 2: \_\_\_\_\_ Occupation \_\_\_\_\_

Siblings' names, birthdates, and schools (if applicable):

\_\_\_\_\_

Does anyone else live at home with your child (such as a nanny or grandparent)? \_\_\_\_\_

\_\_\_\_\_

If your child does not live with their parent(s) and sibling(s), please attach a description of the family's living arrangements. \_\_\_\_\_

Do you, the parents, have any special hobbies or skills you would be willing to share with school?

\_\_\_\_\_

If your child previously attended another child care center or school, please provide the name and city.

\_\_\_\_\_

What is the extent of your child's toilet training? \_\_\_\_\_

If your child is fully trained, when did they accomplish that milestone? \_\_\_\_\_

What words does your child use when they need to use the bathroom? \_\_\_\_\_

Was your child born premature? \_\_\_\_\_

Does your child have any notable medical conditions? \_\_\_\_\_ Please specify \_\_\_\_\_

\_\_\_\_\_

*At Beth Ami, we do everything we can to foster a learning experience that recognizes individual differences among children. To that end, we work hard to learn all about your child's unique interests, qualities, and strengths. Please get us started by answering these questions, and then continue to share your family's experiences with us.*

What makes your child smile? \_\_\_\_\_

\_\_\_\_\_

What is one new skill your child has recently acquired? \_\_\_\_\_

\_\_\_\_\_

What 3 words best describe your child? \_\_\_\_\_

\_\_\_\_\_

What are your hopes for your child's school year? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child's ability to understand language or express ideas? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child's motor development (ability to use hands or legs effectively, running, holding and letting go of objects, using crayons, etc.)? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child's ability to get along with other children? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child's willingness to try new things (foods, movements, art materials)? \_\_\_\_\_

\_\_\_\_\_

Has your child received any supplemental services to address a developmental concern (such as Occupational, Physical or Speech Therapy)? If so, please provide dates of service, contact information for the service provider, and submit copies of any written reports. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other information you would like to share that would help us begin the school year with the best understanding of your child and your family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for sharing your child with us!*