



Child Information Form for Returning Students

Today's Date _____ Please fully answer all questions.

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 at school?

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? _____

Does your child have any notable medical conditions? ____ Please specify _____

Is your child seeing any outside service providers (such as a Physical Therapist or Speech Pathologist)?

At Temple 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, and how those are progressing through their preschool years. We also work hard to partner with you and understand your family's perspectives and experiences.

What are your goals for your child's school year? _____

What was one thing your child particularly enjoyed during their previous school year? _____

What was one thing your child did not enjoy during their previous school year? _____

What was one thing that stood out for you regarding your child's prior school experience? _____

Would you like to share anything else about your family's experience thus far at Beth Ami? _____

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!