



****ATTENTION PARENTS****
This form should be completed and returned as soon as possible **PRIOR** to your child starting school. The teachers use the information provided to learn about your child and to prepare so that they have the smoothest transition possible to start school.
Thank you!

INITIAL INFORMATION FORM

Classroom: _____

Last Year's Class [if at AUMC]: _____

Child's Name: _____ (Name Child Uses): _____ **Sex:** BOY / GIRL **Birthdate** ___/___/___

Home Address: (Street) _____
(City, Zip) _____

Father: _____ Occupation: _____ Hm. e-mail: _____
Hm. Ph:(____) _____ Wk. Ph:(____) _____ Cell:(____) _____ Wk. e-mail: _____

Mother: _____ Occupation: _____ Hm. e-mail: _____
Hm. Ph:(____) _____ Wk. Ph:(____) _____ Cell:(____) _____ Wk. e-mail: _____

Other members of family: (Names and ages)
Siblings: _____
Other relatives living at home: _____

Child lives with (circle): Both Parents - Mother - Father - Grandparents - Other: _____
Is there a custody agreement for which we need court documentation? _____

Person(s) responsible for child's care outside school (check): Parent _____ Relative (if so, who?) _____
Nanny _____ Home Day Care _____ Agency _____ (Explain): _____
Name of caregiver: _____ Phone (____) _____
Does caregiver speak English? ___ Yes ___ No. If no, language spoken is: _____
Name of any other program/center child attends/has attended: _____
Type of care: Child Care Center _____ Nanny _____ Home Day Care _____ Agency _____ (Explain): _____
Program/Center's Phone: (____) _____ E-mail: _____

Toilet Habits: Is child potty trained? _____ (Note: Weekday Preschool and CDC 3's students are expected to toilet independently.)
Child's terms for urination _____ bowel movement _____
Frequency of accidents: _____
Is toilet assistance needed? Explain: _____
Does child use a diaper at naptime? _____

Sleep Habits: Nap during day? _____ How long? _____ When? _____
Awakens in morning at: _____ Goes to sleep at: _____
Special items needed at nap time? _____

Health & Developmental Concerns: Check the following as they pertain to your child:
_____ Problem at birth _____ Allergies _____ Hearing impairment
_____ Visual problem _____ Speech/language difficulties _____ Behavioral or emotional problems
_____ Developmental needs _____ Any other specific condition or limitations (Explain): _____

Has your child been evaluated by Infant & Toddler Connection or FCPS/ChildFind? (Circle one) YES NO
Does your child have an IEP? (Circle one) YES NO
List any accommodations, means, or services needed to assist your child: _____

Play Habits: Prefers to: Play alone? _____ With adults? _____ With other children? _____
Describe group experience(s) with other children: _____

Favorite outdoor activities: _____
Favorite indoor activities: _____
Other interests: _____

Television/Audio-Visual: How many hours per day does your child watch television? _____
Favorite TV programs: _____
Computer/game machine habits: _____
Favorite Music: _____

Describe your child's attitude toward:
Learning new skills: _____
Being introduced to new people, objects, places: _____

Eating Habits: Appetite is: Good _____ Fair _____ Poor _____
Utensils used: _____
Procedures before meals: _____
Specific Likes: _____
Specific Dislikes: _____
For infants: Breast milk _____ Formula _____ If so, what kind _____

Fears: Animals? _____ Dark? _____ Storms? _____ Other: _____
Explain: _____
Nervous Habits (thumb-sucking, twisting hair, etc.): _____

Cultural-Religious Customs: Describe any special customs or activities which might impact your child's day at school:

Any special customs or holidays to recognize at school: _____
Would you volunteer to share your cultural traditions, food, dress, instruments, etc. with the class? YES NO
What ways may we support your family/cultural traditions?: _____

Speech: Primary language spoken at home? _____ Other language(s) your child speaks? _____

Expectations: What do you hope your child will gain from our program? _____

Please add any additional comments (which may help us to better serve your child's needs): *Attach a separate sheet if necessary.*

