

**Beginnings Preschool and Child Care
Getting Acquainted with Your Child
2019-2020**

To enable us to know your child better and to help the transition from home to school, please share the following information with us. This information will be treated as confidential and shared only with your child's teachers and the preschool director.

Child's First Name: _____ Child's Last Name: _____

Name Child Prefers: _____ Sex: _____ Birthdate: _____

Address: _____ City & Zip: _____

Home Phone: (____) _____

Parent/Guardian Name: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Work Phone: _____ E-mail: _____

Parent/Guardian Name: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Work Phone: _____ E-mail: _____

Is someone usually home during school hours? yes ____ no ____

If we need to get in touch with a parent, who should we call first? _____

Marital Status of Parents: Married/Living together ____ Separated ____ Divorced ____ Single ____

If divorced, please describe custody and visitation agreement for the child:

If divorced, does the non-custodial parent have the right to pick up your child from school?

Others in your household:

Siblings:	_____	Age _____
	_____	Age _____
	_____	Age _____
Others:	_____	Relationship _____
	_____	Relationship _____

Pets (kind and name): _____

Have there been any changes in your family structure (births, deaths, adoptions, moves, separations, etc.) which may have affected your child? Please describe briefly what happened and the effects on your child.

Has your child had opportunities to be with other children? yes ___ no ___
Please list any organized experiences (Sunday School, Parents' Day Out, Classes, etc.)

Fears: Dark ___ Storms ___ Dogs ___ Strangers ___ Food ___ Health ___
Others (please describe): _____

We serve snacks daily. It is especially important that we know **any dietary restrictions or allergies:**

Please share lunchtime guidelines that you use with your child:

Is your child toilet trained? Y/N Still in diapers? Y/N Working on toilet training? Y/N

What does your child say to indicate toileting needs? _____

Does your child take a nap? Y/N

How long does your child usually nap? _____

Does your child have a naptime "cuddly"? Y/N What is it? _____

Beginnings is a mission of First Baptist Church of Indianapolis. We teach values such as kindness, sharing, honesty and love. We pray before meals, talk about God's wonderful world, baby Jesus and new life. We sometimes sing church songs and ask the church ministers to share the Christmas story with the classes. We try to be sensitive and aware of each child's background. It is helpful to know the faith background of your family so we can include your celebrations in our curriculum.

Your family's faith: _____

What hopes and expectations do you have for your child while in our program?

What else would be helpful for us to know about your child?

What hobbies/interests/skills do you have that you would be able to share with the children?
(gardening, wood working, cooking, music,)