Tree of Life Christian Preschool
Student Information Sheet 2020-21 School Year

Today's Date _____

Child's Name _____Nickname_____

Birthdate ____/____/_____

Telephone _____

Parent(s) Name(s) _____

Address _____

City/Zip _____Preferred email _____

Important Health Information

Please answer the following questions to give teachers clear instruction.

My child has allergies: YES NO
My child's allergies require an Epi-pen: YES NO

Allergic to: Reaction if exposed:

_____
_____
_____
_____

My child has had a serious illness(es), convulsion(s), operation(s), and /or accident(s). Describe:

_____
_____

My child has other special health concerns. Describe: _____

_____

Toileting and/or Diapering

My child is potty trained: YES NO
My child has started potty training: YES NO
My child can communicate when s/he needs to go: YES NO

Length of time trained: _____

Child uses (circle those that apply):
Cloth diapers Disposable diapers Pull-up diapers

Communication

Do you consider your child to have any speech limitations or difficulty in expressing himself/ herself? YES NO

If yes, please describe: _____
_____
_____

Family speaks a language other than English YES NO
Which language(s)?_____

(Please circle)

My child speaks English in:	WORDS	PHRASES	SENTENCES
My child speaks another language in:	WORDS	PHRASES	SENTENCES

List any words/phrases your child uses which may be cultural or unusual (i.e. toileting, body parts, etc.)

_____
_____

If you or another family member has come from another country or culture, would you be interested in sharing some traditions, foods or language at school? YES NO

Comforting

My child may have separation issues at the start of school. YES NO

How does your child like to be comforted? _____
_____

What are your child's comforting habits (thumb sucking, blanket, special toy, etc.)?

_____

How does your child exhibit stress (i.e. crying, hiding, lashing out, etc.)? _____
_____

What causes anxiety or stress for your child (separation from parents, transitions, etc.)?
Describe:

_____
_____
_____
_____
_____
_____
_____

S***ocial/Emotional***

My child is used to playing with other children.	YES	NO
My child prefers to play independently.	YES	NO
My child has imaginary playmates.	YES	NO

Who are the special people your child sees regularly (siblings, grandparents, nannies, etc.)?

Name Relationship Age (siblings)

_____
_____
_____
_____
_____
_____
_____

How does your child react to a new setting or person? _____
_____

What should your teachers know about your child's type of play?_____
_____
_____

Favorite activities, toys, and books: _____
_____

What are your methods of rewarding/disciplining your child? Describe: _____
_____

What excites your child? _____
What frustrates your child? _____
What are your child's fears? _____

Please RANK in order of importance (1-most important, etc) what you hope your child will get out of his/her experience at Tree of Life:

_____Learn to share toys
_____Learn to sit through a story
_____Learn self help skills and independence
_____Make friends
_____Learn to recognize letters and numbers
_____Creative expression
_____Expand language and vocabulary
_____Learn self regulation
_____Learn songs and rhymes
_____Play
_____Other: _____

Additional information

Does your child present any learning, physical and/or emotional limitations, which would prevent him/her from benefitting from the preschool program? YES NO

If yes, please describe_____
_____
_____

Does your child nap regularly? YES NO
Does your child sleep through the night most nights? YES NO
Has your child experienced any loss or trauma? YES NO

Please provide additional details for answers above: _____
_____
_____
_____
_____
_____
_____

Please feel free to add additional information about your child's personality, behavior, family, etc. that will help the teachers better know your child. All information will be kept confidential and is only used to assist teachers in anticipating the needs of each child.