



Information Sheet Early Childhood Unit and First Grade

Child's Name: _____ Date of Birth: _____

Family: Adults living at home: _____

Siblings at home (names and ages): _____

Siblings not at home (names and ages): _____

If parents live separately, describe how child's time is divided between them:

Family continuity (dates and events which have interrupted the life routines of the family such as serious illness or death of a family member, moving, separation or divorce, etc.): _____

Health (brief history of illnesses, accidents, hospitalizations): _____

Religious preference, if any: _____

Previous schooling (include day care): _____

Please describe your child's experience, if any, with educational evaluations, counseling, and/or tutoring:

Reaction to new situations and people: _____

Daily time spent at home and with whom: _____

Favorite playthings: _____

Special interests: _____

Preferred playmates and their ages: _____

(OVER)

Eating habits: _____

Foods liked: _____

Foods disliked: _____

Sleeping habits: _____

How does the child act when tired? _____

Does s/he take naps? _____

Bedtime routine: _____

Sleeps alone or with another child? _____

Particular fears or worries: _____

Independence:

Can dress/undress him/herself? _____

Clothing s/he cannot manage without adult assistance: _____

Can s/he use the bathroom without help? _____

Does the child stay dry at night? _____ Since when? _____

Can the child find things to do without help? _____

Is the child willing to help pick up toys, etc.? _____

Describe your methods of discipline: _____

Describe your child's responses to discipline: _____

Is s/he able to talk about feelings? _____

Give examples of language for these: _____

How did you learn about All Saints' Day School? _____

Why are you choosing All Saints' for your child and your family? _____

Date: _____