

Crosby Methodist Weekday School

STUDENT/FAMILY PROFILE

This information is for confidential use of the school staff. In our efforts to better understand your child and aid in the process of his/her adjustment to our school, please complete the following information. We have found that the more we know about your child and his/her family, the better we will be able to serve your child's needs.

Child's Full Name _____ Name Called _____ Date of Birth _____

Marital Status of Parents: Married/not married – live in same household Unmarried – do not live in same household
 Separated/Divorced Widowed

Child Lives With: Both parents Mother only Mother & significant other Guardian
 Father only Father & significant other Joint custody

Custody/visitation arrangements _____

Names and relationships of any adults living in household other than parents (step parents, mother/father's significant other, etc.) _____

Siblings

| Name | Age | Relationship to child | School | Lives in same household |
|------|-----|-----------------------|--------|-------------------------|
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If Child is Adopted (optional): Age at Adoption _____ Does child know he/she is adopted? _____
 Additional comments _____

Ethnicity (optional) _____

Religion (optional) _____ **Church Affiliation** _____

Recent family experiences that have influenced your family and child (examples: recent move, birth of a sibling, death of a loved one, parent separation, etc.) _____

Who will be the primary person(s) dropping off and picking up your child from school? If that person is not a parent, please list their relationship to the child.

If both parents are away from home during the day, please state arrangements for child's care when he/she is not at school _____

Classroom and Social Experiences

List in chronological order the names of any schools (preschool, daycare, home daycare, mother's day out) that your child has previously attended, the age he/she was during attendance and how long he/she was in attendance.

Has your child ever been dismissed from any school or childcare program? Yes No
If yes, please explain circumstances. _____

Is your child involved in other group activities (dance, sports, playgroups, Sunday school)? _____

What are some of your child's favorite activities and interests? _____

Health History

Allergies: ___Yes ___No (If yes, please be very specific below.)

Food allergies _____

Caused from: ___Ingestion only ___Any exposure

What is the reaction? _____

How should the reaction be treated? Be very specific. _____

Other allergies _____

What is the reaction? _____

How should the reaction be treated? Be very specific. _____

List any dietary restrictions (other than allergies above) _____

Does your child have any diagnosed special needs (i.e. speech, language, hearing, developmental delay, physical, emotional, behavioral)? _____ If so, please explain _____

Is your child in any kind of therapy (speech, occupational, physical)? _____ If so, please explain _____

Do you have any special concerns about: ___Speech/Language ___Vision ___Hearing
 ___Physical Development ___Social Development
 ___Behavioral Issues/Discipline ___Fears
 ___NONE (Please mark if you have NO concerns)

If so, please explain _____

Developmental Information

Was child full term or premature? _____ If premature, how early? _____

Is your child potty trained? Yes No

If yes, at what age were they trained? _____

If no, are you working on this yet and how can we best assist with this process at school? _____

What word(s) does your child use for going potty? _____

Are they independent in their restroom habits? (Will they tell their teacher when they need to go, will they need assistance with pants/underwear, can they clean themselves, can they wash their hands?)

Please note that all children placed in 3 year old classes and above must be completely potty trained. They should be mostly independent in their restroom habits. Please let us know how we can assist in helping them become independent.

Does your child have any special attachments (blanket, pacifier, thumb, etc.)? When does he/she use/need this item?

Does your child usually take a nap? _____

What hand is your child predominantly using? ___Right ___Left ___Using both equally

How would you explain your child's personality? _____

What discipline procedures do you use at home and/or what procedures do you feel are most effective with your child?

Please give us any other information about your child/family which you think we should be aware of.

Please list your expectations for your child during this year at Weekday School.

