



Crosby Methodist Weekday School

1334 Runneburg Road, P.O. Box 1385
Crosby, TX 77532
281-328-5460

Weekday.school@crosbyumc.org
www.crosbyumc.org

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 Name

Date of Birth

Family Information

Do both parents live in the child's home? Yes No

If not, with whom does the child live? Please include adults living in the home and their relationship to the child.

If child is not living with both parents, what is their relationship/visitation with the non-custodial parent?

List names, ages, and school (if any) of all siblings:

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.

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 daycare program? Yes No

If yes, please explain circumstances. _____

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

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

Developmental and Health Information

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

Has your child had (or do they currently have) any serious illnesses, injuries, or disabilities? If yes, please explain. Please include any additional care that will be required while they are at school.

Does your child receive any services such as speech, occupation/physical therapy? If yes, please explain.

Does your child have any allergies? _____

Will they need an EPI pen or any other medication at school? _____

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? _____

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? _____

Do you have any special concerns about your child in the following areas. **If you have no concerns, please mark NONE.**

____ Discipline issues	____ Emotional issues	____ Hearing difficulties
____ Language/speech concerns	____ Vision difficulties	____ Motor development
____ Separation anxiety	____ Social development	____ Fears
____ Other:	____ NONE	

Please further explain any areas of concern you marked above. _____

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. _____

