

# 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

**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 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** ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED COMPLETELY

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 \_\_\_Fears  
\_\_\_Physical Development \_\_\_Social Development \_\_\_Behavioral Issues/Discipline  
\_\_\_NONE (Please mark if you have NO concerns)

For any marked above, 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? Please note that due to hygiene concerns, we do not allow pacifiers at school.

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.