

Mt. Tabor United Methodist Preschool

Tell Us About Your Child...

Child's Name _____
(First) (Middle) (Last)

How does your child interact with other children? _____

How does your child interact with adults? _____

Does your child have pets? (Type & Name) _____

What is your child's favorite activity? _____

What is your child's favorite TV show? _____

What is your child's favorite toy or play material? _____

Is your child left or right handed? _____

Does your child have any special dislikes? _____

Does your child have any fears? _____

Does your child have any speech problems? _____

Is this your child's first experience away from parent(s)? _____

Has your child attended preschool before? (Where & how long?) _____

How old are your child's friends? _____

Does your child have any behavioral issues? _____

Has your child had any special testing or evaluation? _____

Is your child toilet trained? _____ What words does your child use for needing to go to the bathroom? _____ Does your child need to be reminded? _____

Does your child have any potty issues? _____

What do you enjoy most about your child? _____

Please tell us about your child's personality (Talkative? Shy? Energetic? Moody? Etc.) _____

What are your expectations for your child's experience here? _____

What is the primary language spoken in your home? _____

What, if any, secondary languages are spoken in your home? _____

Does your child understand English? _____

Does your child speak English? _____

How did you hear about Mt. Tabor Preschool? _____

Please list your child's siblings: _____

Name

Age

Name

Age

Name

Age

Please list any other significant people in your child's life (Grandparents, relatives, babysitters, etc)

Name

Relationship to Child

Name

Relationship to Child

Name

Relationship to Child