

Due May 14th



Kingdom Kids Weekday Preschool



2 Year Old Classes

"All About Me"

Please answer this questionnaire so that we may know more about your child. Please complete a separate form for each child in the program.

Child's Name _____ Classroom _____

Nickname _____ Birthday ____/____/____ **Male or Female**

Today's Date _____

Parents Name _____

Address _____

Phone _____

Student Lives With: _____

Names and ages of siblings _____
(please circle names of children in Kingdom Kids)

Does your family attend church? **Yes No** Where? _____

How many days does your child participate in a church nursery/child care? _____

Names/Types of Pets _____

Favorite Toys/Activities _____

Does your child have a comfort item (blanket, pacifier, etc)? _____

Does your child have any special fears? _____

Does your child nap regularly? **Yes No** What Time? _____ For how long? _____

How does your child usually go to sleep (pacifier, patting or rubbing back, etc.)? _____

*List any allergies or medical problems which may affect your child. _____

Is your child allergic to any foods? _____

Is there anything else that would help us to aid your child's transition or make them more comfortable?

Child's Name: _____

Is your child potty-trained/potty training? **Yes** **No** What names or words does your child use to describe going to the bathroom)? _____

May your child have animal cookies, pretzels, and goldfish? **Yes** **No**

Does he/she drink from a cup? **Yes** **No**

Is your child frequently fussy? _____

What soothes him/her? _____

Does your child enjoy being outside? _____

Do you read to your child? **Yes** **No** When? _____ How Long? _____

<p>5 words that describe your child and his/her personality are....</p> <p>* * * * *</p>	<p>How are you doing as a parent and otherwise, at this time?</p>
<p>What are 3 goals you have for your child this year?</p> <p>* * *</p>	<p>Has your child attended Preschool before : Yes No If yes where: _____</p> <p>Share about their experience at Preschool.</p> <p>How does your child interact with other children?</p>
<p>Has your child previously or currently receiving special services or have any special medical needs, ex. Speech, Counseling, Physical Therapy, food allergies, other allergies, tubes, etc.</p>	

Child's Name: _____

Developmental Skills			
These are not skills that we expect every child to have mastered at this point in the year. We are using this as a guide so that we can better meet your child's academic and social needs in the classroom.	Hasn't Tried Yet/ avoids	Is Currently working on	Does all the time on own
Uses words to express wants			
Talks - Names 10-15 objects			
Uses pronouns me and my. Shows possessive spirit			
Names three familiar pictures in picture book.			
Points to parts of a doll or body (hair, mouth, eyes, tec.)			
Makes two or three word sentences			
Complies with simple commands such as retrieving, carries or goes.			
Listens with interest to short rhymes			
Matches, compares familiar objects as to color, form, or size. Group similar objects such as blocks.			
Counts to two. Aware of "one more," knows "how many," up to "two"			
Shows affection- carries or hugs dolls, show regard for people or possessions			
Occupies self, initiates own play activities or on simple suggestion initiates own play.			
Explores, investigates surroundings; adventures in new ways			
Walks backwards			
Climbs furniture and obstacles			
Walks up steps with help of banister or wall, rather than on all fours.			
Kicks ball forward			
Throws ball aimlessly overhand			
Runs			
Stacks blocks, three high			
Unwraps, removes covers from objects or peels bananas			
Disassembles - takes simple objects apart with minimal difficulty; unfastens clothing			
Removes simple garment: shoes, jacket, etc.			
Uses spoon, spill a lot			
Begins toilet training, ask for toilet			
Shows pride in toilet achievement and concern about failures.			