



### 3 & 4 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. Please return this form to Kingdom Kids by **Thursday, May 13, 2021**.

Child's Name \_\_\_\_\_ **Male or Female**

Nickname \_\_\_\_\_ Classroom \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's names \_\_\_\_\_ Today's Date \_\_\_\_\_

Dad's Occupation \_\_\_\_\_

Mom's Occupation \_\_\_\_\_

Student Lives With: \_\_\_\_\_

Name to be used at school (This will be the name we will use for the child to identify and write)

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Names and ages of siblings \_\_\_\_\_

Child's hand preference? **Right**      **Left**      **No Preference**

Does your family attend church? **YES**      **NO**      Where? \_\_\_\_\_

Names/Types of Pets \_\_\_\_\_

Favorite Toys/Activities \_\_\_\_\_

Does your child have a comfort item? \_\_\_\_\_

Do you have an established bedtime routine? **Yes**      **No**      Bedtime (Hour): \_\_\_\_\_

Does your child usually rest at home? **Yes**      **No**      If so for how long? \_\_\_\_ During this time he/she usually sleeps. **Yes**      **No**

What names or words does your child use to describe going to the bathroom?  
\_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Have there been any changes in the last 6 months? (New baby, moving, etc.)

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How do you handle discipline at home with your child?  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

With whom will your child usually come to school? \_\_\_\_\_

Go home? \_\_\_\_\_

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>*</p> <p>*</p> <p>*</p> <p>*</p>	<p>What motivates your child?</p>
<p>What kind of things upset your child?</p>	<p>What issues or concerns do you have about your child?</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>*</p> <p>*</p>
<p>Please give us information about medical history or conditions we should be aware of (food or other allergies, tubes etc.)</p>	<p>Has your child previously or is currently receiving special services or have any special medical needs, ex. Speech, Counseling, Physical Therapy, etc.</p>

Child's Name: \_\_\_\_\_

Has your child attended Preschool before : **Yes or No**  
 If yes where: \_\_\_\_\_. Share about their experience at Preschool.

Developmental Skills			
<b>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.</b>	Hasn't Tried Yet/ avoids	Is Currently working on	Does all the time on own
Writes first name with an uppercase at the beginning and the rest in lower case.			
Cuts with safety scissors on lines.			
Counts 4 to 10 objects correctly.			
Pretends to read by looking at picture books			
Recognizes first name in print			
Knows the sound letters make			
Recognizes the concept of alike and different			
Recognizes shapes and names them			
Recognizes colors			
Recognizes numbers 0 through 10			
Can count to _____			
Can say the alphabet			
Respects authority			
Plays well with other children			
Respects others' property			
Does things for him/herself (dresses self, tidies belongings and takes care of own toilet needs)			
Follows through when you give one or two step directions			
Attempts new tasks, acknowledging it's okay to make mistakes			