



1 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 _____ 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 (bottle, rocking, 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: _____

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

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

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

Usual feeding schedule:

Time _____

Kind of foods _____

Bottle/Amount _____

Is your child frequently fussy? _____

What soothes him/her? _____

Does your child enjoy being outside? _____

<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
Cooperates in playing pat-a-cake			
Walks, holding on to furniture			
Stands alone for one minute			
Looks at pictures in baby picture book			
Walks alone, toddling			
Uses pincer grasp, as picking up raisin			
Indicates or gestures wants without crying			
Initiates words			
Drinks from a cup			
Turns pages of a book			
Has three words other than Mama and Dada			
Stacks blocks, two high			
Scribbles spontaneously with pencil or crayon			
Removes simple garments (shoes, socks, pants, etc.)			
Walks backwards			
Stacks, blocks three high			
Walks up steps with help			
Carries, hugs doll or stuffed animals			