



## All About Me Form

It is our intention at Play and Learn to foster a strong reciprocal relationship with the families that we serve. The purpose of the following form is to help us get to know your child and your family better so that we may serve your family better. If there are any questions that you do not feel comfortable answering, you may leave it blank. This form will be kept strictly confidential. Only your child's teacher and administration will have access to the information contained in this form.

### ABOUT YOUR CHILD

Your child's full name: \_\_\_\_\_

In what year do you plan to send your child to Kindergarten? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

What is your child's favorite color? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

Please describe any fears your child may have: \_\_\_\_\_

Was your child born at full term? \_\_\_yes \_\_\_no

Please tell us at what age your child accomplished each of the following:

Rolled over: \_\_\_\_\_

Sat up unassisted: \_\_\_\_\_

Crawled: \_\_\_\_\_

Walked: \_\_\_\_\_

Spoke single words: \_\_\_\_\_

Spoke sentences: \_\_\_\_\_

Is your child potty trained? \_\_\_yes \_\_\_no

If no, please describe your potty training methods at home.

\_\_\_\_\_  
\_\_\_\_\_

Does your child take naps during the day? \_\_\_yes \_\_\_no

Does your child have any difficulty with sleeping? \_\_\_yes \_\_\_no

Is this your child's first experience with a group of children? \_\_\_yes \_\_\_no

If no, please describe the setting and time frame of the experience.

\_\_\_\_\_

Please describe your form of discipline at home:

\_\_\_\_\_  
\_\_\_\_\_

Please describe any challenging or unusual behaviors that we should be aware of as well as any family customs, traditions, religion or nationality that these behaviors may be linked to.

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Does your child have any special needs? \_\_\_yes \_\_\_no

If yes, is this a medical or developmental special need: \_\_\_\_\_

If Medical, has the child been diagnosed by a physician \_\_\_yes \_\_\_no

If yes, what is the diagnosis: \_\_\_\_\_

If Developmental, has the child been evaluated by birth to three or the public school system?

\_\_\_yes \_\_\_no

If yes, what was the result of the evaluation: \_\_\_\_\_

Is your child on any daily medications? \_\_\_yes \_\_\_no

Are there any side effects that we should be aware of? \_\_\_\_\_

Please describe any concerns that you may have for your child medically, socially or developmentally:

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Please share your feelings and expectations regarding your child's care and education:

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### **ABOUT YOUR FAMILY**

What language is spoken at home? \_\_\_\_\_

Does anyone outside of your home, that your child is close with, speak another language. If so, what language?

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Please tell us about some of the special people in your child's life (grandparent's, aunts, uncles, etc.) what their relationship to your child is and what your child calls them:

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Please list any pets that live in your home and their names:

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What is your family's ethnicity? \_\_\_\_\_ Religion? \_\_\_\_\_

Please list the holiday's that your family celebrates:

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Please list any holiday's that your family does not celebrate:

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Do you have any unique holiday traditions in your family?     Yes    No

Would you be willing to come in and share with our children any of your family's traditions, holidays or cultures?     Yes    No

Is there anything else that you would like to share with us?

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