

SCRIBBLES PRESCHOOL, INC.

Help Us Get to Know Your Child

For Pre-K class

Parents' Names: _____

Date: _____

Child's Name: _____

Class _____

1. What are your child's special interests?

2. If applicable: Does your child speak more than one language? Which ones? What languages are spoken at home?

3. If applicable: Does your child have a favorite toy or other comfort object? What is it? When does your child seem to need it most?

4. How does your child feel about coming to school?

5. Any fears (e.g. loud noises, animals, etc.)? How do you comfort your child?

Please see other side

6. What behavior management techniques do you use at home?

7. Has your child had any previous experience in nursery school? Please explain.

8. Please describe any serious illnesses, hospitalizations, allergies, and special physical conditions.

9. What time does your child go to bed at night and when does your child typically wake up in the morning?

10. What do you hope your child will gain from this school year?

11. Is there anything else you would like us to know about your child?

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