



Bright Beginnings Preschool Child/Family Information Form

Child's Name: _____ **Parent/Guardian Name(s):** _____

What family information would help me to understand your child this year? Is more than one language spoken in your home (if yes, please list)?

Do they accept new people easily?

What are their fears, if any?

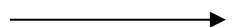
Do they have any nervous habits we should be aware? If yes, when do they typically show them?

What does your child need to help them succeed in school this year?

All children have gifts! What are your child's gifts?

Is there anything you can tell me about your child that you feel may help me be a better teacher for your child?

Does your child have siblings or friends in our programs? Who are they and in what programs?



Did your child previously attend preschool? If yes, what preschool program?

How does your child learn best: show them, tell them, or when they try to do it on their own?

What kind of toys does your child like to play with?

What are your child's interests?

At what age did your child start to talk? Does your child have any speech or language difficulties we should be aware of? If yes, please explain.

How are your child's self-help skills? (dressing, bathroom, eating, etc?)

How dependable are they when it comes to going to the bathroom?

PARENT INVOLVEMENT

What hobbies, talents or special interests would you be willing to share with us this year as a parent?

Would you be interested in helping on one of the following preschool committees?

- ☐ Classroom Party Planner
- ☐ Preschool Committee – similar to a PTO (meets once a month in the evening over zoom)
- ☐ Teacher Appreciation Committee
- ☐ Fundraising Committee

Thank you for your time. We look forward to a fabulous year getting to know your child and family!