

# Getting to Know You

St. Paul Lutheran Preschool & 4K

Thank you for helping us get to know your child better.

Child's full name \_\_\_\_\_ Nickname \_\_\_\_\_

Parents' names \_\_\_\_\_

Siblings' names & ages \_\_\_\_\_

## Your Child

Has your child had previous group experience? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

What is your child's favorite play activity? \_\_\_\_\_

Other interests of your child \_\_\_\_\_

Is your child -

- |                                               |    |                                               |
|-----------------------------------------------|----|-----------------------------------------------|
| <input type="checkbox"/> a leader             | or | <input type="checkbox"/> a follower           |
| <input type="checkbox"/> independent          | or | <input type="checkbox"/> dependent            |
| <input type="checkbox"/> a contented child    | or | <input type="checkbox"/> an unhappy child     |
| <input type="checkbox"/> shy                  | or | <input type="checkbox"/> confident            |
| <input type="checkbox"/> able to self-control | or | <input type="checkbox"/> lacking self control |

Tell us about his/her eating habits/food allergies \_\_\_\_\_

Fears your child has \_\_\_\_\_

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

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

What is the most important thing we need to know about your child? \_\_\_\_\_

Special considerations needed \_\_\_\_\_

## You and Your Child

How do you discipline at home? \_\_\_\_\_

What kinds of things do you do as a family? \_\_\_\_\_

What is/are your goal(s) for your child while attending St. Paul? \_\_\_\_\_

**Field trips/educational opportunities:** Please circle if you have a connection and could arrange a visit or field trip for us.

Doctor      Dentist      Nurse      Policeman      Mailman      Fireman      Other \_\_\_\_\_