



Student Information
Confidential Form for Use by Lead Teacher

Child's Full Name _____

Child is called _____ Date of Birth ____/____/____

Previous school _____ Dates _____ #days/week _____

Parent/Guardian #1 Name _____

Employer _____ Occupation _____

Parent/Guardian #2 Name _____

Employer _____ Occupation _____

If parents are separated or divorced, please provide pertinent custody arrangements or contact

Director to discuss. _____

Siblings:	Name	Age	Gender
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Languages spoken at home _____

Pets at home _____

Is your child currently being treated for a chronic illness or condition that the school should be aware of?

Describe any allergies your child has _____

Was child delivered full term? _____ If not, how many weeks gestation at birth? _____



Describe anything unusual in the first year of development that we should be aware of (early illness, hospitalizations, etc.)_____

Does child have any speech or motor delays?_____

If yes, are you working with a therapist?_____

Sleep: Times and lengths of naps_____

Comments_____

Nutrition: Favorite foods_____

Aversions_____

Toileting: Is child toilet trained?_____

Does child need adult assistance?_____

Comments_____

Play: Does child prefer to play alone, with adults, or with other children?_____

Favorite toys_____

Favorite books_____

Behavior: Does child have temper tantrums?_____

How is child best soothed when upset?_____

IMPORTANT NOTE: Our school administers confidential universal developmental screenings as recommended by the DC Office of the State Superintendent of Education's Early Stages program. Please notify the school if you choose to opt out of the screening process.