



OUR SAVIOR EARLY LEARNING CENTER

STUDENT INFORMATION FORM

CHILD'S NAME: _____

DATE OF BIRTH: _____

TODAY'S DATE: _____

GENERAL

1. HOW DO YOU HANDLE BEHAVIOR GUIDANCE AT HOME?
2. HOW WOULD YOU DESCRIBE YOUR CHILD'S PERSONALITY (INCLUDING INTROVERT OR EXTROVERT)?
3. HOW WOULD YOU DESCRIBE YOUR CHILD'S ENERGY LEVEL?
4. HAVE THERE BEEN ANY MAJOR EVENTS OR OCCURENCES IN YOUR CHILD'S LIFE OF WHICH WE SHOULD BE AWARE?
5. HOW MUCH SCREEN TIME DOES YOUR CHILD HAVE DAILY AND AT WHAT TIME(S) OF THE DAY?
6. DO YOU READ TO YOUR CHILD? HOW OFTEN AND HOW LONG?
7. WOULD YOU BE AVAILABLE TO VOLUNTEER IN ANY WAY (CUTTING, BRING A PET, READ TO THE CHILDREN, SHARE AN ITEM FROM ANOTHER CULTURE, FIX TOYS, COUNT LABELS AND LIDS ETC.)?

FAMILY

1. WHO LIVES IN YOUR HOME?
2. NAME OF SIBLINGS IN THE FAMILY AND AGES:
3. WHAT LANGUAGES ARE SPOKEN AT HOME?
4. PLEASE LIST ANY PETS YOU HAVE AT HOME.
5. ARE THERE ANY SPECIAL HOLIDAYS OR CELEBRATIONS IN WHICH YOUR FAMILY DOES NOT PARTICIPATE?



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SLEEPING

1. WHAT IS YOUR CHILD'S BEDTIME/NAPTIME ROUTINE? ARE THERE ANY SPECIAL ITEMS HE/SHE IS ACCUSTOMED TO (BLANKET, TOY, ETC.)?
2. WHAT IS YOUR CHILD'S CURRENT SLEEPING SCHEDULE?

EATING

1. DOES YOUR CHILD HAVE ANY SPECIAL EATING CONCERNS?
2. HOW DO YOU HANDLE YOUR CHILD'S DISLIKE OF FOODS AT HOME?

TOILETING/DIAPERING

1. IS YOUR CHILD COMPLETELY TOILET TRAINED? IF NOT, DESCRIBE WHAT STAGE HE/SHE IS AT:
2. ARE DIARRHEA OR CONSTIPATION A CONCERN FOR YOUR CHILD?
3. DOES YOUR CHILD HAVE A TENDENCY TO URINATE WHILE SLEEPING?
4. DOES YOUR CHILD LET YOU KNOW WHEN HE/SHE NEEDS TO GO TO THE BATHROOM?

COMFORTING

1. IN WHAT WAYS DO YOU COMFORT YOUR CHILD?
2. HOW DOES YOUR CHILD RESPOND WHEN:

SAD: _____

MAD: _____

FRIGHTENED: _____

SICK: _____

3. ARE THERE ANY FEARS YOUR CHILD HAS (DOGS, DARKNESS, STORMS, ETC.)?

