

# Student Information Annual Update

**-PLEASE BE SPECIFIC-**



Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student DOB: \_\_\_\_\_

Who lives at home with your child(ren)?

Do you have any pets? What are their names?

What is Mom's Occupation?

What is Dad's Occupation?

What is Step Mom/Dad's Occupation?

What name does your child know the members of your family as? (ex: Mom, Papa, Nana, Grandpa, etc.)

Are there any other important people your child likes to talk about or sees often?

Are there any words your child uses that may be unique to him or her? (ex: Bubba=brother)

What are some things your child really enjoys right now? (noodles, cats, trucks, sand, etc.)

Are there any special sayings, mantras, or guidance techniques you use at home to help direct or redirect behavior? (ex: In our house we ...”try”, big boys follow directions, safe body, time out, take a break, counting, breathing, etc.)

If your child is toilet training explain your experience, the process, and where you and your child are at now.

Is there anything else we should know about your child, your family, or life outside of our center?

Thank you very much for taking the time out of your life to help us get to know your child , where he/she is at right now! We greatly appreciate it!