



# All About Me!



Please help your child's teacher get to know him / her by filling out this form. All of the information will be confidential and will be used only by your child's Teacher in planning his/her development and best meeting their needs. Please complete this and return it with your child's enrollment forms.

Child's Name (First, Middle, Last) \_\_\_\_\_

Goes by: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address \_\_\_\_\_

Do you have a home church? \_\_\_\_\_ if not, would you like information about FUMC Garland? \_\_\_\_\_

Does your child live with \_\_\_\_\_ both parents/ \_\_\_\_\_ one parent/ \_\_\_\_\_ other adults  
(Please specify) \_\_\_\_\_

Names and ages of brothers and sisters: \_\_\_\_\_  
\_\_\_\_\_

Pets (Name and types of animals) \_\_\_\_\_

Favorite family activities: \_\_\_\_\_

Child's responsibilities at home: \_\_\_\_\_

Favorite activities and special interests: \_\_\_\_\_

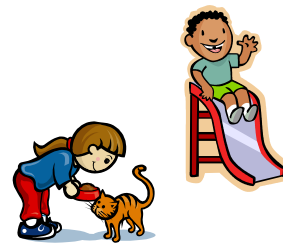
Does your child demonstrate a dominant hand preference (right or left)? \_\_\_\_\_

What do you hope your child will learn this year? \_\_\_\_\_  
\_\_\_\_\_

## Behavioral and Social-Emotional:

Which of these words best describes your child?

- |                                     |    |   |
|-------------------------------------|----|---|
| _____ has trouble with self control | or | _____ uses self control                   |
| _____ independent                   | or | _____ dependent                           |
| _____ easy going                    | or | _____ strong-willed                       |
| _____ attentive                     | or | _____ easily distracted                   |
| _____ outgoing                      | or | _____ can be shy (in new situations)      |
| _____ follows directions            | or | _____ has difficulty following directions |



Does your child usually play \_\_\_\_\_ alone or \_\_\_\_\_ with other children?

Does your child have any Nervous Habits or Special Fears? (Please specify) \_\_\_\_\_  
\_\_\_\_\_

# of hours per day that your child watches television: \_\_\_\_\_ Has electronics screen time: \_\_\_\_\_

When your child gets upset, what helps him/her calm down? \_\_\_\_\_

Does your child need assistance with toileting? (please specify) \_\_\_\_\_

## Medical History:

Has your child had any serious illness or accidents? (please specify/give dates) \_\_\_\_\_  
\_\_\_\_\_

Does your child have any emotional or physical problems?

\_\_\_\_\_ speech \_\_\_\_\_ physical impairment \_\_\_\_\_ hearing \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Please provide details that will assist us in caring for your child? \_\_\_\_\_  
\_\_\_\_\_

When did your child last see a doctor and what was the reason for the visit? \_\_\_\_\_  
\_\_\_\_\_

Is your child on daily medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Are there any side effects we should be alerted to? \_\_\_\_\_