

SBDS Family and Developmental Information Form 2022-2023

Please complete and return this form to the school at the Class Visit.

Child's Full Name: _____ Birthdate: _____ Classroom: _____

Parent/Guardian Name: _____ Preferred Contact Method: _____

Parent/Guardian Name: _____ Preferred Contact Method: _____

Names of Siblings or other Household Members: _____

We look forward to welcoming your child into our class. Thank you for taking the time to answer these questions about your child and your family. This information helps us learn about your child and tailor our program to meet their needs.

General Information:

What qualities are you looking for in a preschool program?

What attracted you to St. Barnabas Day School?

How would you describe your child?

How do you see the Day School fulfilling your child's needs?

List previous experiences in classes or formal playgroups, if any. How did your child respond in these settings?

What is your child's favorite color?

What is your child's favorite thing to play and/or favorite toy(s)?

What are your child's favorite things to do?

Does your child have any fears at this time?

Does your child experience separation anxiety? If so, how do they exhibit this, and what comforts them?

List location and types of any developmental services received by your child.

Please Note: While we can accommodate accidents, children in the Preschool and Pre-K classes are expected to be potty trained. *Please explain below or in the space provided on the last page if your child needs any assistance.*

Personal and Family History:

At what week was your child born? _____ Were there any complications at birth?

Thinking about other children that you know, did your child;

Begin Sitting: ___ at the same time ___ later ___ earlier than other children

Crawling: ___ at the same time ___ later ___ earlier than other children

Walking: ___ at the same time ___ later ___ earlier than other children

Talking: ___ at the same time ___ later ___ earlier than other children

Is your child's speech understood by your family? By others?

What languages are spoken in your home?

Does your child use special words to describe his/her needs? If yes, please list below.

What time does your child typically wake up in the morning?

What time does your child typically go to bed at night?

What types of television shows does your child enjoy, if any?

What activities do you enjoy doing with your child one-on-one and/or as a family?

Is there anything else you would like us to know about your family? (Example: grandparents live at home, parent occupations).

Do you have any hobbies or professional experience knowledge that you'd like to share with the Day School Community? (Example: *I'm a dentist and can share information about healthy teeth, I'm a former teacher and would love to sub in the classroom*).

Do you have any interest in volunteering at the school? If so, in what capacity? (Example: *special events, classroom parent, playground projects or work parties, week, monthly, quarterly, daily, etc.*)

Health:

List any serious illness or hospitalization.

List any food allergies or eating limitations; and any medicines or treatments for them.**

List any physical disabilities/limitations or non-food allergies (hay fever, asthma, insect bites); and any medicines or any treatments for them.**

List any other medicines your child takes regularly.**

****Please note: We can only provide medication at school with a doctor's note and/or treatment Plan.**

What are your child's favorite foods? Least favorite?

Does your child typically eat with a fork and/or spoon?

Please use the space below or the back of this sheet to tell us more about your child, or to elaborate on any of the above questions.

Office Use Only:	Received On:	Teacher 1:	Teacher 2:	Director:
------------------	--------------	------------	------------	-----------

Office Use Only:	Received On:	Teacher 1:	Teacher 2:	Director:
-------------------------	--------------	------------	------------	-----------