

God's Garden Preschool

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FAMILY RECORD

The personal information in this record is confidential and will only be shared with the child's teacher and/or director.

Name: _____ Birthday: _____

Parent Names _____

Child lives with: Mother: _____ Father: _____ Both: _____

Child's brothers Name(s): _____

Ages: _____

Child's sister's name(s): _____

Ages: _____

Does your child attend another school or is he/she taken care of by another individual other than parents? If so, where or who? _____

Does your child have his/her own bedroom? _____

If no who shares? _____

Does your child sleep through the night? How many hours? _____

What is your child's bedtime? Wake up time? _____

Does your child nap? What time is nap (typically)? _____

Normally, how long is the nap? _____

What is your child's typical routine for naptime? _____

Do you do anything to help your child fall asleep? _____

Does your child sleep with a comfort item? _____

Is your child toilet trained? _____ If "no" has it been started? _____

Any special words used by the child to express the need to go potty? _____

Does your child have any special fears? If so please list: _____

Does your child have any special needs? If so, please list: _____

Describe your child's appetite: _____

Please list any special feeding instructions: _____

Favorite snacks are: _____

What are your child's dominant play interests?

Indoors: _____

Outdoors: _____

Screen time (TV, IPAD, Smart Phone): _____

What limit do you place on that viewing? (Time, programming, and games) _____

Favorite shows: _____

Do you read to your child regularly? _____

How does your child customarily react when separating from you? _____

Two family rules we have are: _____

When our child does not do what we expect of him/her we usually (circle all that apply)

Time out Spank take away privileges talk about it

Other (please explain): _____

When your child does not get his/her way, he/she will (circle all that apply):

Cry pout withdraw tantrum act aggressively talk about it

Other (please explain): _____

If adopted, what age was your child adopted? _____

Please circle responses:

There has been a divorce in our family. Yes / No

My child has contact with the non-custodial parent _____ times per month.

There are restrictions with the non-custodial parent of which the school should be aware. Yes / No

List: _____

We have recently moved. Yes / No From: _____

We have pets in our home. Yes / No Please type(s) and Name(s): _____

Our family speaks English at home Yes / No If another language is spoken, please list: _____