

St Aidan's Episcopal Day School Child Profile Questionnaire

Child's Name (first, middle, & last)

What does your child like to be called? _____

Parents' Names _____

Name(s) and Age(s) of Sibling(s)

School

Extended Family Living at Home (Name, Relationship, etc.)

Name and Kind of Pet(s) at Your Home

Day Care Provider, Address, and Telephone Number (if applicable)

What is your child's base school (local elementary school)?

Is there anything about your child's personality you would like us to know, including fears of clowns, fire trucks, loud noises, etc.?

Is your child potty trained? Are there any toileting issues you would like us to know?

Please describe any previous group play or preschool experience (including name of school and length of time attended).

Please describe your child's favorite indoor and outdoor activities.

Was your child premature?

Are there special factors in your child's development that you feel his or her teacher should know? Please tell us if your child is receiving, or has received, any form of services, such as speech or Occupational Therapy.

| | <u>Employer</u> | <u>Occupation</u> |
|---------|-----------------|-------------------|
| Father: | | |
| Mother: | | |

We love parents to get involved in our school! Do you have any interests, hobbies, artistic or musical abilities or professional knowledge that you would be willing to share with the children and/or staff?

Would you be willing to volunteer for field trips or special events during the school day? If so, please indicate which day(s) of the week fit your schedule.