

ALL ABOUT ME



My Full Name:					
My nick name is:					
I live with:					
have pets. Their names are:					
My favorite food is:					
I don't like:					
My favorite books and songs are:					
My favorite color is:					
My favorite toys are:					
My favorite TV shows or movies are:					
Three words that best describe me:					

<u>GOALS</u>

Why are you sending your child to Kids Play Today? Please list any specific goals that you have for your child.

Any additional family information you would like to share? (i.e., food preferences, religious observances, recent family changes)

Does your child have a parent that does not live in your home?

Are there any custody issues that we should be aware of? If yes, please thoroughly explain:

Does your child have any special needs (i.e., medical, developmental, social, etc.)?

Do any of these needs require special care from our staff?

Does your child have an IFSP or an IEP?

If yes:	What program	n or individuals	s work wit	h your	child to	address	his/her	special
need	ls?							

(Please provide us with a copy so that we can provide the best possible learning environment for your child.)

Are you concerned about any academic, social, behavioral or language delays?

Would you like to have your child participate in a Social/Emotional and/or Developmental Delays screening?						
Are there any activities that your child cannot participate in?						
Does your child have any allergies?						
Food allergies:						
Environmental Allergies (i.e., latex, animal hair, perfume):						
How are these allergies treated?						
Is there any special medical or dietary information for management in case of an emergency situation?						
Is your child potty trained?						
If yes, does your child need to be reminded to use the bathroom during the day?						
If not, please tell us what you have done thus far so that we may continue your efforts in school:						
Does you child prefer a "child seat"?						
For boys, are you training your child to sit on the potty or stand at the potty, to urinate?						
At sleep time, does your child have a special way they like to fall asleep? Please check all that apply: I rubbing back I rocking I leave alone I rubbing forehead I special toy pacifier I other						

 \Box You are welcome to join us for a getting to know you meeting during this month to discuss our initial observations and how your child has adjusted.