

Annandale United Methodist Church Weekday Children's Programs



INITIAL INFORMATION FORM

Classroom: \_\_\_\_\_

Last Year's Class [if at AUMC]: \_\_\_\_\_

Child's Name: \_\_\_\_\_ (Name Child Uses): \_\_\_\_\_ Sex: BOY / GIRL Birthdate \_\_\_ / \_\_\_ / \_\_\_

Home Address: (Street) \_\_\_\_\_  
(City, Zip) \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_ Hm. e-mail: \_\_\_\_\_  
Hm. Ph:(\_\_\_\_) \_\_\_\_\_ Wk. Ph:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_ Wk. e-mail: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_ Hm. e-mail: \_\_\_\_\_  
Hm. Ph:(\_\_\_\_) \_\_\_\_\_ Wk. Ph:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_ Wk. e-mail: \_\_\_\_\_

Other members of family: (Names and ages)  
Siblings: \_\_\_\_\_  
Other relatives living at home: \_\_\_\_\_

Child lives with (circle): Both Parents - Mother - Father - Grandparents - Other: \_\_\_\_\_  
Is there a custody agreement for which we need court documentation? \_\_\_\_\_

Person(s) responsible for child's care outside school (check): Parent \_\_\_\_\_ Relative (if so, who?) \_\_\_\_\_  
Nanny \_\_\_\_\_ Home Day Care \_\_\_\_\_ Agency \_\_\_\_\_ (Explain): \_\_\_\_\_  
Name of caregiver: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Does caregiver speak English? \_\_\_ Yes \_\_\_ No. If no, language spoken is: \_\_\_\_\_  
Name of any other program/center child attends/has attended: \_\_\_\_\_  
Type of care: Child Care Center \_\_\_\_\_ Nanny \_\_\_\_\_ Home Day Care \_\_\_\_\_ Agency \_\_\_\_\_ (Explain): \_\_\_\_\_  
Program/Center's Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Toilet Habits: Is child potty trained? \_\_\_\_\_ (Note: Weekday Preschool and CDC 3's students are expected to toilet independently.)  
Child's terms for urination \_\_\_\_\_ bowel movement \_\_\_\_\_  
Frequency of accidents: \_\_\_\_\_  
Is toilet assistance needed? Explain: \_\_\_\_\_  
Does child use a diaper at naptime? \_\_\_\_\_

Sleep Habits: Nap during day? \_\_\_\_\_ How long? \_\_\_\_\_ When? \_\_\_\_\_  
Awakens in morning at: \_\_\_\_\_ Goes to sleep at: \_\_\_\_\_  
Special items needed at nap time? \_\_\_\_\_

Health & Developmental Concerns: Check the following as they pertain to your child:  
\_\_\_\_\_ Problem at birth \_\_\_\_\_ Allergies \_\_\_\_\_ Hearing impairment  
\_\_\_\_\_ Visual problem \_\_\_\_\_ Speech/language difficulties \_\_\_\_\_ Behavioral or emotional problems  
\_\_\_\_\_ Developmental needs \_\_\_\_\_ Any other specific condition or limitations (Explain): \_\_\_\_\_

List any accommodations or means needed to assist your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Play Habits:** Prefers to: Play alone? \_\_\_\_\_ With adults? \_\_\_\_\_ With other children? \_\_\_\_\_  
Describe group experience(s) with other children: \_\_\_\_\_

Favorite outdoor activities: \_\_\_\_\_  
Favorite indoor activities: \_\_\_\_\_  
Other interests: \_\_\_\_\_

**Television/Audio-Visual:** How many hours per day does your child watch television? \_\_\_\_\_

Favorite TV programs: \_\_\_\_\_  
Computer/game machine habits: \_\_\_\_\_  
Favorite Music: \_\_\_\_\_

**Describe your child's attitude toward:**

Learning new skills: \_\_\_\_\_  
Being introduced to new people, objects, places: \_\_\_\_\_

**Eating Habits:** Appetite is: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Utensils used: \_\_\_\_\_  
Procedures before meals: \_\_\_\_\_  
Specific Likes: \_\_\_\_\_  
Specific Dislikes: \_\_\_\_\_  
**For infants:** Breast milk \_\_\_\_\_ Formula \_\_\_\_\_ If so, what kind \_\_\_\_\_

**Fears:** Animals? \_\_\_\_\_ Dark? \_\_\_\_\_ Storms? \_\_\_\_\_ Other: \_\_\_\_\_

Explain: \_\_\_\_\_  
Nervous Habits (thumb-sucking, twisting hair, etc.): \_\_\_\_\_

**Cultural-Religious Customs:** Describe any special customs or activities which might impact your child's day at school:

Any special customs or holidays to recognize at school: \_\_\_\_\_  
Would you volunteer to share your cultural traditions, food, dress, instruments, etc. with the class? \_\_\_\_\_  
What ways may we support your family/cultural traditions?: \_\_\_\_\_

**Speech:** Primary language spoken at home? \_\_\_\_\_ Other language(s) your child speaks? \_\_\_\_\_

**Expectations:** What do you hope your child will gain from our program? \_\_\_\_\_

**Please add any additional comments** (which may help us to better serve your child's needs): *Attach a separate sheet if necessary.*