

ST. STEPHEN MARTYR PRESCHOOL CHILD PROFILE

Child's Name _____ Is this the name he/she prefers to be called? _____

Child's Birthday _____ Phone Number _____

Sibling's names and ages: _____, _____, _____

Would it be ok to include your child's name and phone number on a master listing of pre-school children for other parent's use (play dates, birthday parties, valentines etc.)? _____

Does your child have any pets? _____ What type and names? _____

Does your child have any disabilities that we need to be aware of? _____

Does your child speak clearly? _____ Is your child potty trained? _____ (Please note they must be before starting school in August).

Does your child have any food allergies? _____

Is your child afraid of anything in particular (bugs, storms, stairs, dirt etc.)? _____

Can your child say their ABC's? _____ Can your child tie their shoes? _____

Can your child tell me their name? _____ address? _____ phone number? _____

Does your child know any or all of their basic colors? _____ Do they have a favorite? _____

Can your child count? _____ How high? _____

Does your child know numbers by sight? _____ Can they write any of their numbers? _____

Does your child know any letters by sight? _____ Which ones? _____

Can your child write their name? _____ Any other letters? _____

Is your child right handed or left handed? _____

Does your child like to be read to? _____ How often do they get read to? _____

Is there anything you wish to share with us concerning your child? _____

Does your child have any bad habits that we need to be aware of (biting, scratching, telling fibs etc.)? _____
