## St. James Preschool

Grow, Explore, Discover, Imagine Together

## 581 Valley Road Montclair, NJ 07043

School Year: <u>20 - 20</u>

## **STUDENT PROFILE**

*Child's Name:		<del>_</del> ,
Last	First	Nickname
Child's Birthdate (mm/dd/yr)://	_	
Names & relationships to child of other members adults, and pets, too!):	s of your household (inclu	de other children and their ages,
Names & relationships to child of other importan	t people in your child's lif	e:
Do both parents reside at home?		
Daytime Caregiver (if other than parent)		
Name:	Home/Cell #:	
In case of emergency, who can be contacted if ne	ither parent can be reach	ed:
Name:		
Home Phone:	Cell Phone:	

Name:
Home Phone: Cell Phone:
PHYSICIAN'S NAME & TELEPHONE:
<b>List any health information</b> that should be known by your child's teachers (food or medication allergies, vision or hearing problems, activity restrictions, regular medications, etc.):
Please Tell Us About Your Child
Child's previous group/school experience:
Age of child's most frequent companions:
Play Interests at Home (favorite toys, stories, and imaginary playmates):
Fears:
Toilet Trained: Yes No Comments
Does your child sleep through the night? Mood upon waking?
How does your child respond to new situations?

How does your child respond to separation?
What makes your child happy?
What makes your child sad?
What makes your child frightened?
Is your child's speech: Clear? Understandable? Difficult?
Is your child currently receiving, or has received in the past, any support services, such as Speech, Occupational or Physical Therapy? If yes, please describe:
Is a language other than English spoken in the home? As the primary one?
Which languages?
Where would you like to see growth this year resulting from your child's preschool experience?
*Additional information that you feel is important for us to know about your child (if applicable, please include any alternate custody arrangements/supporting documentation: