

## **ALL ABOUT ME BOOK!!!!**

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN'S NAME #1: \_\_\_\_\_

PARENT/GUARDIAN'S NAME #2: \_\_\_\_\_

MEMBERS IN HOUSEHOLD: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

EATING:

Is your child hungry at mealtimes? \_\_\_\_\_

Is your child hungry in between mealtimes? \_\_\_\_\_

Child's favorite foods: \_\_\_\_\_

Childs least favorite foods: \_\_\_\_\_

Any eating issues or concerns? \_\_\_\_\_

\_\_\_\_\_

### **NAPPING:**

Does your child nap? \_\_\_\_\_

If yes, how long and when? \_\_\_\_\_

What is your child's mood on waking? \_\_\_\_\_

Does your child wear a diaper at naptime? \_\_\_\_\_

Does your child like to nap with any special item? \_\_\_\_\_

\_\_\_\_\_

**COMMUNICATION SKILLS:**

Can your child be understood by you? \_\_\_\_\_

By unfamiliar people? \_\_\_\_\_

How does your child express their needs? \_\_\_\_\_

\_\_\_\_\_

**HEALTH:**

Is your child's health robust? \_\_\_\_\_

Does your child have any physical handicaps? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How will this affect participating in daily activities? \_\_\_\_\_

\_\_\_\_\_

Is your child on any regular medication? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_

**TOILETING:**

Does your child wear diapers? \_\_\_\_\_

Training pants? \_\_\_\_\_

Fully potty trained? \_\_\_\_\_

Can your child inform when he/she needs to use the bathroom? \_\_\_\_\_

Does your child need assistance? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_

What word does your child use for bowel movement? \_\_\_\_\_

**SOCIAL SKILLS:**

Has your child had many interactions with other child? \_\_\_\_\_

What makes your child upset? \_\_\_\_\_

\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

\_\_\_\_\_

List your child's favorite toys and activities to do at home? \_\_\_\_\_

\_\_\_\_\_

Does anything frighten your child? \_\_\_\_\_

\_\_\_\_\_

How does your child react to new experiences? \_\_\_\_\_

\_\_\_\_\_

Any special family situations? \_\_\_\_\_

\_\_\_\_\_

Any disorders/developmental concerns diagnosed or suspected? \_\_\_\_\_

\_\_\_\_\_

Previous preschool or childcare attended? \_\_\_\_\_

Any problems at previous school? \_\_\_\_\_

\_\_\_\_\_

Expectations of the Brenner family early Learning Center JCC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After 45 days enrolled in the program would you like a meeting with your child's teacher?

\_\_\_\_\_

Please sign and date below. If you would like to discuss any questions or concerns, please fill free to schedule an appointment with the director or the teacher.

Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

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