



# CHRIST CHURCH PRESCHOOL & KINDERGARTEN

## 2021-2022 "Getting to Know You" Form

<b>CHILD'S NAME:</b>				
	<i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>	
<b>CHILD'S INFO</b>	<b>PREFERRED NAME:</b>			
	<b>DOB:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>MOTHER</b>	<b>PREFERRED NAME:</b>			
	Religious Affiliation:	Church Membership:		
	<b><u>Occupation:</u></b>			
	Special talents/interests to share with the classroom:			
<b>FATHER</b>	<b>PREFERRED NAME:</b>			
	Religious Affiliation:	Church Membership:		
	<b><u>Occupation:</u></b>			
	Special talents/interests to share with the classroom:			
<b>SIBLINGS</b>	<b>NAME:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	School:
	<b>NAME:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	School:
	<b>NAME:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	School:
<b>NANNY/ CAREGIVER</b>	<b>DOES YOUR FAMILY HAVE A REGULAR NANNY OR CAREGIVER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>NAME:</b>	Length of Time with Child:		
<b>OTHERS LIVING IN HOME</b>	<b>NAME:</b>	Relationship to Child:		
	<b>NAME:</b>	Relationship to Child:		
<b>PETS</b>	<b>NAME:</b>	Type:		
	<b>NAME:</b>	Type:		
<b>MASKS</b>	<b>IS YOUR CHILD ABLE TO PUT ON A MASK WITHOUT ASSISTANCE?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>ARE THERE ANY CONCERNS (HEALTH/OTHER) WITH YOUR CHILD WEARING A MASK AT CCK?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:			

CCK 2020-21 Teacher: \_\_\_\_\_ ( ☐ My child is new to CCK)

<b>HOME LIFE</b>	<b>HAS YOUR CHILD OR FAMILY RECENTLY EXPERIENCED A MAJOR LIFE CHANGE (I.E., BIRTH, MOVE, DEATH) OR HAS YOUR CHILD SHOWN ANY CHANGES IN BEHAVIOR AT HOME DURING THE GLOBAL PANDEMIC THAT MIGHT AFFECT THE SCHOOL SETTING?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please elaborate:

<b>REGULAR ROUTINES</b>	<b>DOES YOUR CHILD RELY UPON A SPECIAL COMFORT ITEM SUCH AS A BLANKET, BEAR, ETC.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>MY CHILD TAKES A</b> _____ <b>MORNING NAP</b> _____ <b>AFTERNOON NAP</b> _____ <b>NO NAP</b>
	<b>MY CHILD IS FULLY POTTY TRAINED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>

<b>INTERESTS</b>	<b>FAVORITE BOOKS OR STORIES:</b>
	<b>FAVORITE PLAY ACTIVITIES:</b>
	<b>ORGANIZED GROUP EXPERIENCES (I.E., SPORTS, MUSIC, SUNDAY SCHOOL, ...)</b>

<b>FURTHER INFORMATION</b>	<b>DO YOU HAVE ANY INFORMATION/CONCERNS ABOUT YOUR CHILD YOU WISH TO SHARE?</b>
	<b>ARE THERE AREAS WHERE YOUR CHILD EXCELS AND/OR EXPERIENCES DIFFICULTY THAT WOULD BE IMPORTANT TO SHARE?</b>
	<b>DOES YOUR CHILD RECEIVE:</b>
	<b>SPEECH THERAPY</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Occupational Therapy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>PHYSICAL THERAPY</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Sensory Therapy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OTHER THERAPY:</b>	
<b>*If your child normally receives/requires in-school therapy, please contact Meredith Sorrell, Head of School.</b>	