

# Wake Forest Presbyterian Preschool

## Acquaintance Form

**To Parents:** The teacher who is well acquainted with a child, his/her personal likes and dislikes, interests, family, experiences and friends is better equipped to guide the child's growth. Your thoughtful completion of this form will enable your child's teacher to become well acquainted with your child and thus to work more effectively with him/her. The information included in this form will at all times be considered confidential.

Child's Full Name \_\_\_\_\_

Likes to be called \_\_\_\_\_

### **FAMILY & HOME**

Child lives with  Both Parents  Mother  Father  Other \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Special talents or interests \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Special talents or interests \_\_\_\_\_

### Siblings

| Name  | Gender | Age |
|-------|--------|-----|
| _____ |        |     |
| _____ |        |     |
| _____ |        |     |
| _____ |        |     |

### Other persons living in the home

| Name  | Relationship |
|-------|--------------|
| _____ |              |
| _____ |              |

Pets  Dog  Cat  Bird  Other \_\_\_\_\_ Name \_\_\_\_\_

Major life events (moving, divorce, separations, death, illness, etc.) \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL DEVELOPMENT**

Child was  Premature  Full Term  Adopted at age \_\_\_\_\_

Age child walked alone \_\_\_\_\_ Age child talked \_\_\_\_\_

Child uses  Glasses  Hearing Aid

Has this child been assessed for special needs (vision, hearing, speech, learning style, etc.)  Yes  No

Please explain \_\_\_\_\_  
\_\_\_\_\_

Has this child received special services (speech, physical therapy, etc.)  Yes  No

Please explain \_\_\_\_\_  
\_\_\_\_\_

Can this child deal independently with toilet issues?  Yes  No

Allergies (be specific) \_\_\_\_\_

Does this child take regular medication?  Yes  No Reason \_\_\_\_\_

**SOCIAL AND EMOTIONAL DEVELOPMENT**

Does your child usually separate from you easily?  Yes  No

Playmates

| Name  | Gender | Age |
|-------|--------|-----|
| _____ |        |     |
| _____ |        |     |
| _____ |        |     |

Special toy or comforter \_\_\_\_\_

Child's favorite toys or play materials \_\_\_\_\_  
\_\_\_\_\_

Favorite indoor activities \_\_\_\_\_  
\_\_\_\_\_

Favorite outdoor activities \_\_\_\_\_  
\_\_\_\_\_

Past school attended \_\_\_\_\_ Days per week \_\_\_\_\_

Do you attend church regularly?  Yes  No Name of church \_\_\_\_\_

Does your child exhibit any special problems (e.g. biting, stuttering, thumb sucking)?  Yes  No

\_\_\_\_\_

Particular fears or dislikes \_\_\_\_\_

\_\_\_\_\_

**YOU AND YOUR CHILD**

What do you enjoy most about your child? \_\_\_\_\_

\_\_\_\_\_

What are your greatest challenges with your child? \_\_\_\_\_

\_\_\_\_\_

What are your primary goals for your child at preschool this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you can share to help us become truly acquainted with your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_