

INDIAN HILL CHURCH NURSERY SCHOOL
STUDENT PERSONAL INFORMATION

Child's Name: _____

1. Who lives with your child? Please include sibling ages and household pets.
2. What three words best describe your child?
3. What are your child's favorite activities?
4. What are your child's favorite books, songs, and DVD's?
5. Has your child had any previous experience with preschool or daycare before?
6. If so, how would you describe this experience? What were his/her favorite activities?
7. Does your child have any special health / emotional needs the teacher should know about in developing classroom management? This could include allergies (food , medicine or insects), asthma or an emotional /behavioral issue.
8. What methods of conflict resolution work best with your child? Ex: distraction, redirection, time out etc.
9. Does your child have any specific fears?
10. What comfort measures are effective when your child is upset?
11. What are your hopes for your child at IHCNS? Please list both social and academic goals.
12. Are you willing to share any special talents / interests with your child's class? Are you interested in volunteering with special events?
13. Would you care to share your e-mail address you your child's teacher? If so, please print it here: