

Main Line Reform Temple
School for Early Childhood Education
Child Information Sheet
2017-2018

Child's Name _____

We ask that you complete the following pages so that we can provide your child with an early learning program that is as individualized as possible. Please be assured that all information provided is confidential and will not be disclosed to others without your written permission.

Developmental and Medical Information

Were there any problems with your child during the prenatal, birth process, and immediately following birth of which we should be aware that would help us understand and program for your child? (i.e. premature birth, hospitalization after birth)

Motor Development (sitting, crawling, walking)

Normal Fast Slow

Speech/Language Development

Normal Fast Slow

Self Help Skills (dressing/hygiene)

Normal Fast Slow

Toilet Training

Normal Fast Slow Not yet toilet trained

Does your child have any medical issues that we should know about? (To be further addressed on medical form)

(Turn over)

Describe your child's Temperament:

List three of your child's favorite activities:

Does your child have any fears we should be aware of?

Any other pertaining to social-emotional information that would help us in working with your child

Has your child been in school before? If yes, please tell us what school and how long He/she was there. _____

Family Information

Siblings-Names and Ages

Does Mom/ Dad or family member have any special interests, hobbies, talents that they would be willing to share with the school? i.e. singer, gardener, handyperson, etc.

Is there any other information you would like to share with us that would help us in working with your child?
