

# GETTING TO KNOW YOU

Haymarket Baptist Church Preschool & Kindergarten 2022-2023 School Year

Class Information: 2 ½'s 3's MWF or T/TH am/pm 4's MWF am/pm or M-F Pre-K am/pm Kindergarten

(Please circle all that apply: age, days of the week, am or pm)

Teacher's Name: \_\_\_\_\_

## Information for the Teacher

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

How do you want your child's name written and recognized for school? \_\_\_\_\_  
(Name tags, carpool tags, report cards, folder covers, graduation certificates etc)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Siblings' names and ages: \_\_\_\_\_

**Allergy & Health information:** Has IEP: \_\_\_\_\_ Speech Concerns: \_\_\_\_\_ Glasses: \_\_\_\_\_

Food allergies: \_\_\_\_\_ Animal Allergies: \_\_\_\_\_ Asthma: \_\_\_\_\_

\_\_\_\_\_ Epi-pen provided \_\_\_\_\_ Benadryl provided \_\_\_\_\_ Uses an inhaler \_\_\_\_\_ Other: \_\_\_\_\_

Seasonal allergies: \_\_\_\_\_ Medications used: \_\_\_\_\_

Do you, as a parent, play an instrument, or have a talent or a hobby or special pet that we would enjoy at school?

\_\_\_\_\_

Has your child attended preschool before? \_\_\_\_\_ If so, where: \_\_\_\_\_

What are the goals you have for your child in our school? \_\_\_\_\_

\_\_\_\_\_

Could you describe what your child's strengths and weaknesses are? \_\_\_\_\_

\_\_\_\_\_

How do you feel your child relates to other children? \_\_\_\_\_

What are some activities your child likes to do? \_\_\_\_\_

\_\_\_\_\_

What are your child's fears? \_\_\_\_\_

Where do you expect your child will attend elementary school? \_\_\_\_\_

Are you available to help in the classroom? Room mother, party helper, story reader, coordinate fundraiser?

\_\_\_\_\_