



Good Shepherd Early Childhood Center

25 North Broadway
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(914) 591-4104

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FOR SCHOOL YEAR: **2018-19** **2019-20** **2020-21** *circle one*

CHILD'S HISTORY

Child's Name _____ Gender _____

Nickname, if any _____ Date of Birth _____

Address _____

Village/State/Zip _____

E-Mail Address _____

Parent's/Guardian Name _____

Occupation/Employer _____

Home Phone _____ Cell Phone _____

Parent's/Guardian Name _____

Occupation/Employer _____

Home Phone _____ Cell Phone _____

SIBLING(S)

Name and Date of Birth _____

Name and Date of Birth _____

Name and Date of Birth _____

Other members of the household (relationship and age) _____

Does anyone share in the caregiving of your child? _____

If yes, name(s) and schedule(s) _____

PHYSICAL FACTORS

Age at which child: Crawled _____ Sat alone _____ Walked alone _____

Talked _____ Slept through the night _____ Toilet trained _____

Does child dress self? _____ Undress self? _____

What time does your child usually go to bed and awaken? _____

Does your child sleep well? _____

PLAY AND SOCIAL EXPERIENCES

Child's favorite indoor activities _____

Child's favorite outdoor activities _____

Does your child play alone? _____

Does your child play in groups? _____

If yes, how? _____

How does your child share toys? _____

How does your child handle conflict? _____

How do you respond? _____

What do you do together as a family? _____

SETTING LIMITS

How do you provide structure, at home, for your child?

What techniques do you use to discipline/are they effective?

SEPARATION

How does your child react when a parent leaves?

Has your child been separated from a parent for any length of time? _____

De-
scribe _____

How does your child react to new situations? _____

SPEECH

Does your child speak understandably? _____

Are you concerned about your child's speech? _____

What languages are spoken at home? _____

GROUP EXPERIENCES

Has your child ever attended Nursery School? _____

Which one? _____

Dates of attendance _____

Other group experiences _____

Describe reaction _____

What goals/expectations do you have regarding your child's school experience?

Is there anything else that you feel would be important for your child's teacher to know?
Recent divorce, new sibling, special fears...

Are there any cultural or linguist variances that you would like us to be aware of or would like to share in the classroom?

Do you have any concerns about your child's development?

Is your child receiving special services? Please explain.

