



St. James Lutheran Preschool
 229 Second Avenue, St. James N.Y. 11780
 Office # (631) 862-8934

PARENTS, please complete:

No Known Allergies

Yes, _____

TINY TOTS QUESTIONNAIRE

Dear Tiny Tots Parent,

Please complete ALLERGY box above. Then, let us get to know your child better– your child’s teacher will receive a copy of this questionnaire before sessions begin. Please return this questionnaire along with your **Health Forms I and II** and **Emergency Contact Cards** by **Wednesday, August 14th**. Thank you!

Child's First and Last Name _____ Nickname _____ Sex __M __F DOB _____

Street, Town, and Zip _____

Mother's First and Last Name _____ Occupation _____

Company Name _____

Father's First and Last Name _____ Occupation _____

Company Name _____

Does your child live with: ___Both Parents ___One Parent ___Other Whom? _____

Sibling Name(s)	Sibling DOB(s)
_____	_____
_____	_____
_____	_____

In addition to parent(s), with which adult does child spend the most time? _____

If both parents work outside the home, who cares for the child? Name _____ Relationship _____

Who will be bringing the child to/from school? To _____ From _____

Does your child understand and/or speak another language(s)? __ No __Yes Language _____

Does your child know any of the child(ren) at the preschool? If so, please name _____

Family’s religious affiliation? _____ Church Name _____ Church Town/City _____

Child Baptismal Date: _____ Church Name _____ Church Town/City _____

Which religious holidays are celebrated in your home? _____

PLAY INFORMATION

Type of play enjoyed most _____

Favorite toys _____

Amount of time per day that you read to your child? _____ Amount of time per day that you spend outside in play? _____

Amount of time per day your child spends in front of a screen including home and car (TV, Video Games, Ipads, etc...)? _____

What TV show do you put on for your child, if you choose this activity? _____

Who does your child usually play with? (alone, one/many friends, younger/older/same age children, siblings/cousins. adults) _____

PREVIOUS SCHOOL EXPERIENCES

Has your child attended or attends another preschool, day care center / private home, or any special group? ___ No ___ Yes

Name _____ Dates: From _____ To _____

(Please complete reverse side of form→)

PHYSICAL BACKGROUND AND DEVELOPMENT

Does your child have any allergies to food, medication, environment? Please indicate if the reaction is **MILD** or **SEVERE** and describe specific symptoms your child experiences when suffering an allergy attack. _____

List any important health information (physical disabilities, chronic/debilitating illness (diabetes, asthma, etc.) activity limitations, etc.) _____

Is your child beginning to speak / say words? If so, please describe _____

Do you detect any hearing difficulties in your child? If yes, please explain _____

Is your child showing an interest in toilet training? _____

Serious illnesses, operations, accidents or hospital experiences? Dates _____

Do you have any concerns about your child's health/development? If yes, please explain: _____

What fears, if any, does your child have? _____

How do you discipline your child? _____

How does your child react to controls and correction? _____

Who does most of the disciplining? _____

Any situations at home that we should know about? (e.g. illness, death, marital stress, loss of job, new house, pregnancy, birth, etc.) _____

SEPARATION

Has your child been separated from you and your spouse for a few hours? ____ Full Day? ____ Full Night? ____

Describe how your child felt during these time frames while being separated from you _____

Describe how you and your spouse felt during these time frames while being separated from your child _____

How do you think your child will adjust to the Tiny Tots Program? _____

How do you think you will adjust to the Tiny Tots Program? _____

What do you hope your child will learn and experience this year? _____

If you have other information/comments, please attach another sheet to this questionnaire.

I, hereby, grant permission for any photographs or video tapes taken of my child, named above, while at the Preschool, to be used by St. James Lutheran Preschool for showing and/or displaying in the school bulletin board, newspapers, preschool/church website and publicity material (such as flyers, booklets, newsletters, calendars, website, etc.) for the purpose of publicity or in-school shared enjoyment. Also, I allow mine and my child's name, home address, telephone number and email address to be included on my child's Tiny Tots FRIENDSHIP LIST. (This Tiny Tots FRIENDSHIP LIST will only be distributed those families in your child's class.)

Parent's Signature

Date

**Thank you for taking the time to complete this questionnaire.
Together, we will make this a great year for your child!**