

Crown Preschool
Child Developmental Level, Personal History, Photo Release

| Today's Date | | |
|--|-------------------------------|---|
| CHILD INFORMATION | | |
| Child First Name: | Child Middle: | Child Last: |
| Child Birthdate: | Who is completing this form?: | Parent-A Parent-B Other (explain) |
| PARENT/GUARDIAN INFORMATION | | |
| Parent A First Name: | Parent A Last: | Relationship to Child: |
| Occupation: | | |
| Parent B First Name: | Parent B Last: | Relationship to Child: |
| Occupation: | | |
| FAMILY INFORMATION | | |
| Others who live with Child - Name | Relationship to Child | Age |
| Others who live with Child - Name | Relationship to Child | Age |
| Others who live with Child – Name | Relationship to Child | Age |
| What language is most spoken at home? | Other language spoke? | |
| Does your child most often communicate via gestures or words? | Gestures | Words |
| Describe any major, recent changes in your family unit (e.g., a divorce, a move, a death): | | |
| Describe any family cultural practices or restrictions that the school should be aware of: | | |
| Please explain how discipline is handled in your home: | | |
| CHILD PERSONAL CHARACTERISTICS | | |
| Describe any physical characteristics your child has (e.g., scars, birthmarks): | | |
| If your child has allergies, please list them, including food allergies: | | |
| How does your child act when he/she is getting sick? | | |
| If your child naps, please list the approximate nap time: | | |
| What activities does your child enjoy outdoors? | | |
| What activities does your child enjoy indoors? | | |
| Would you say your child is a leader or a follower? | | |
| How does your child react to anxiety or fearful situations? | | |

What is the best way to comfort your child?

What else would you like us to know about your child:

DEVELOPMENT

PHYSICAL - My Child's physical activities are:

| | | | | | |
|----------------------|---------|----------------------|----------|----------|-----------------------|
| Running | Jumping | Climbing | Skipping | Gallopig | Coordinated Movements |
| Small Muscle Control | | Large Muscle Control | Other: | | |

SOCIAL/EMOTIONAL - My child displays the following behaviors:

| | | | |
|-----------------------|----------------------|-------------------------------|---------------------------------------|
| enjoys learning | develops friends | follows directions/rules | relates well to adults/peers |
| emotional awareness | shares easily | takes turns | resolves conflicts without aggression |
| develops conscience | cope with stress | shows resilience to adversity | exhibits self-control |
| has frequent tantrums | has trouble sleeping | is shy | prefers to be alone |

COGNITIVE - My child has the ability to:

think about past/present/future re-enact storylines accurately following sequence of events

coordinate and assume roles during dramatic play

organize thoughts into explanations, questions, and other categories

uses symbols such to represent reality – i.e., pictures, words, numbers

understand “pretend” and the difference between imaginary and real in most instances

able to predict what will happen next with some accuracy

solves problems through thoughtful reasoning with guidance

expresses thoughts and feelings several ways (verbalizes, draws, sings, moves creatively)

HEALTH - My child generally has:

| | | | | | |
|--|----------|-------------------|-----------|-----------------------------|-------|
| no health issues | cold/flu | earaches | allergies | asthma/breathing difficulty | fever |
| within normal range of physical growth | | regular check-ups | | received immunizations | |

Date of last doctor's examination:

Date of last dental examination:

PHOTO RELEASE

The staff at Crown Preschool sometimes take photos of the children to document their activities throughout the day. This is a chance to share with you many of the wonderful things that your child does. We will post the pictures around the room for you and the children to see. We may also use them in our weekly newsletters. We need your consent to do that. When identifying students, we do not use last names. If you prefer to not have our child's name used at all, please mark that below. If you have any questions, please let us know. Thank you.

- | | | |
|--|-----|----|
| 1. I give my consent to allow pictures to be taken of my child and to be posted in the classroom. | Yes | No |
| 2. I give consent to allow the use of my child's first name when a description of the activity is given. | Yes | No |
| 3. I give consent to allow the use of my child's photo in the weekly newsletter. | Yes | No |

SIGNATURE (must be signed with a pen)

Parent/Guardian Signature:

Date