

Children of The Woodlands Methodist Weekday School

Introduce Us To Your child

2010-2011 School Year

This information is for the CONFIDENTIAL USE of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand your child.

Child's Full Name _____ Date of Birth ___/___/___

Name Called _____ Male _____ Female _____

Home Visit Information

Address _____ Home Phone (____) _____

**Please attach a MapQuest map and driving directions from
2200 Lake Woodlands Dr., The Woodlands, TX 77380 (TWUMC) to your home.**

Mother's Name _____ Profession _____

Travel? ___yes ___no If yes, how frequently? _____

Father's Name _____ Profession _____

Travel? ___yes ___no If yes, how frequently? _____

Parent Information

Married? _____ Widowed (how long)? _____ Separated (how long)? _____

Divorced (how long)? _____ Stepfather (how long)? _____

Stepmother (how long)? _____ Comments _____

If divorced or separated do you have sole custody or shared custody? _____

If Child is Adopted (optional)

Age at adoption? _____ Does the child know he/she is adopted? _____

Comments _____

Developmental History of Child

Approximate age at which your child: crawled _____ sat alone _____

walked _____ repeated short sentences _____ slept through the night _____

When did your child begin toilet training? _____ Completed toilet training? _____

Can your child dress unassisted? ___yes ___no Undress unassisted? ___yes ___no

Does your child show a preference for the right or left hand? _____ right _____ left _____ none

Does your child have any special developmental needs? _____

Comments _____

(please attach additional information if necessary)

over

2010/2011 T-shirt size

XS S M L

Behavioral Habits

Does your child follow a day to day routine? _____
How does your child react to changes in a daily routine? _____
What time does your child go to bed at night? _____ Awaken? _____
Does your child nap? _____yes _____no When? _____ How long? _____
Does your child have any special fears? _____
What causes your child to show his/her temper? _____
What methods of behavior discipline are used in your home? _____

Siblings and Family Members

Sibling Name _____ DOB ____/____/____ Sex _____
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Sibling Name _____ DOB ____/____/____ Sex _____
Other members of household and relationship. (Please include full time caregivers and length of service.)

If parents are away during the day, please state arrangements for child's care when he/she is not at school:

Family Life

Family's religious preference (optional) _____
Family pets _____
Family experiences that have influenced your family and child: (Example: A recent move or death.)

What language is spoken at home? _____
Does your child have opportunities to experience other languages? _____yes _____no
If yes, what languages? _____

Play Experiences

Has your child had experience in a play group? _____yes _____no
Has your child had experience in a day care? _____yes _____no
Is this your child's first year at C.O.W.? _____yes _____no
Has your child had experience in another pre-school? _____yes _____no
Does your child enjoy playing alone? _____yes _____no
Your child's favorite indoor play activities: _____
Does your child have special interests or skills? _____
Is your child involved in other group classes or activities, such as dance, gymnastics, church, etc? ____yes ____no
If yes, please list. _____
How would you describe your child's personality? _____

Signature of Parent Completing Form _____

Date _____
COW intro your child