



Supplemental Form

Child's Name: _____ Birthday: _____ Gender: _____

Diet

1. Is your child on any special diet? Vegetarian, Vegan, Other? _____
2. Does your child have any food allergies? _____ if yes, please describe _____
5. Is your child self-fed at home? _____ If not, who does the feeding? _____

Sleeping

1. Does your child nap? _____ How many times per day? _____ Nap time: _____
2. Does your child sleep with a special blanket, toy, "lovey" or pacifier? _____
3. What are your child's bed time routines?

Toileting (please check one)

Diaper _____, Potty training in progress _____, Fully potty trained _____

Fine motor/Gross motor skills

1. Any developmental and/or medical issues which might require special services, additional help, or special attention? If yes, please explain _____

2. Does your child know how to put on their shoes, jackets, use a crayon to color? (Please circle all that apply)
3. Does your child walk, run, jump on two feet? (Please circle all that apply)

Hearing and Vision

Any concerns about your child's hearing and vision? _____

Language development

1. What is your child's primary spoken language at home? _____
2. In my child's primary language, he/she can speak in words ____ phases ____ full sentence ____
3. Does your child understand Mandarin? No ____ A little ____ Some ____ A lot ____

4. Does your child speak Mandarin? No ___ A little ___ Some ___ Fluent ___

Social and emotional development

1. Please list all previous and current child care experiences (including nanny, au Pair, family members)

Name of the Day Care/preschool Or other care arrangements			
Enrollment Date			
Exit Date or "still enrolled"			
# of days attend per week & hours per day			
Contact Person			
Contact's Phone number & Email			

Can we contact the above person(s) for more information? Yes ___ No ___

2. Is your child comfortable in a group situation? _____

3. How long can your child focus and sit still in an age appropriate group activity?

4. How long can your child focus and complete an age appropriate activity by herself/himself?

5. How would you describe your child's temperament and personality?

6. What soothes your child? _____

7. What frightens your child? _____

8. What does your child dislikes? _____

Family background

1. Who does your child live with? _____

2. Does your child have any siblings? _____

3. What is your parenting style/philosophy?

4. What do you usually do when your child throws a tantrum?

5. How do you usually handle when your child is crying from a minor fall?

6. What are some of the special celebrations or traditions of your family that we should be aware of.

(if any)

7. What are some of your regular family activities on weekends?

8. What are your expectations or goals for your child at our school?

8. What are your expectations for the school and staff?

10. Is there anything about your family, extended family or child that you would like to share with us?
