



★ The Lil' School at St. Bernard's
★ NYS OCFS License # 740283
★ (ph) 518.524.1421
★ (fax) 518.751.2277

Physical Location: ★
63 River Street, Saranac Lake NY 12983 ★
Mailing Address: ★
PO Box 930, Saranac Lake NY 12983 ★

"Get to Know Me" Student Information Sheet (Preschool/Nursery)

★ **Dear Parents,**

★ *Please help us get to know your child before the program begins by filling out this questionnaire. In addition, we will supply the appropriately aged Ages & Stages Parent Questionnaire (ASQ) to be completed within 30 days of your child's start in our program to gather developmental information regarding your child. We look forward to working with your family this year. Thank you!*

★ Child's Full Name: _____ Nickname: _____

★ Birthday: _____ Group/Program: Nursery (Infant/Toddler) Preschool

★ Parents'/Guardians' names: _____

★ Siblings' names and ages: _____

★ _____

★ Any pets, types, and their names: _____

★ Any other relatives in the household: _____

★ Primary Language: _____ Secondary Language: _____

★ Language Spoken at Home: _____

★ Dietary needs/preferences: _____

★ Is your child reliably toileting? (explain) _____

★ What are the current sleep/rest needs of your child during the day? (explain) _____

★ _____

★ Please describe your child (active, energetic, independent, social, shy, etc.): _____

★ _____

★ What helps your child to relax and self-regulate his/her emotions? _____

★ _____

★ What are some of your child's favorite toys and activities? _____

★ _____

★ Has your child been in a Preschool/Daycare Program before? Where? For how long? _____

★ _____

★ Is there anything else you would like us to know (social/emotional concerns, special needs, behavioral concerns, developmental concerns, situations/events that may affect your child, etc.)? _____

★ _____

★ _____

★ _____

★ _____

★ _____

★ What would you like to see your child accomplish this year? _____

★ _____

★ _____

★ _____

★ _____

★ _____