

Climbing Tree Community School, an Early Learning Center

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Child & Family Information

Please complete the following information as thoroughly as possible. This information helps teachers to better understand your family.

Child's Name _____
First Middle Last

If different than above, what name does your child prefer to be called, i.e. a shorter name or nickname _____

School Year 20 20

Home and Family Information

Parents

Parent/Guardian Name _____ Occupation _____

Parent/Guardian Name _____ Occupation _____

Siblings

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Other Adults in Household

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Language/s spoken at home _____

Does your child regularly hear/speak any other language? If yes, what languages? _____

Is your child living with both parents? _____

Are there any custody issues in regards to your child? _____

Does your child have any stepparents or significant adults in their life? _____

If there has been a recent divorce, separation, or death in the family, how is your child reacting? _____

What relative/s is your child close to? _____

If you wish, please share your family information pertaining to religion, culture, and/or family background.

Child Information

List your child's hobbies or interest _____

List any foods your child likes or dislikes _____

Child's sleeping habits: Likes to be rocked _____ Special to in bed _____ Thumb sucking _____
Special blanket _____ Night light _____ Other _____

Does your child enjoy playing with other children or do they prefer playing alone? _____

How does your child react in new situations? _____

Does your child seem reluctant to be left in the care of others? _____

Does your child express fear of: _____ People _____ Darkness _____ Dogs _____ Loud Noises _____ Other _____

What methods of discipline work best with your child? _____

Does your child have angry outburst, temper tantrums, or sullen spells? If yes, how do you handle these situations?

Please describe any concerns or expectations regarding your child's preschool/kindergarten education:

Is there any other information you would like to share with your child's teacher that may be helpful?

Parent/Guardian's Name _____ Date _____