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CLASSROOM INFORMATION: (Please feel free to use the back for additional comments)

Please Print

Child's Name: _____ Date of Birth _____

Nick Name: _____

Mother's Name: _____ Father's Name: _____

Name and Ages of Siblings: _____

Name and relationship of anyone else who is living in the child's home: _____

Languages other than English spoken at home: _____

The following questions are to help us provide for a variety of multicultural experiences so we can consider your child's cultural background in planning activities. Please provide us with any information that you are comfortable sharing.

What is your family ethnic background? _____

What holidays do you celebrate? _____

Are there any special traditions that your family practices? (this does not have to be limited to holidays) _____

Would you be willing to share your family traditions or customs with the children? _____

If yes how would you like to do this: Examples -Talking, Reading, Doing a cooking or art project, Sending in a special treat, etc. _____

Does your child have any anxieties or fears? _____

Who cares for your child other than parents? _____

New Children Only: Has your child had any previous childcare/preschool experience? If yes please explain.

Changes in the family constellation such as divorce, separation, death, medical problems, relocations, can upset children. If there are any current changes that may be difficult for your child at this time please note them on the back of this form. In the future we encourage you to keep us informed so that we can help your child. The confidentiality of your family will always be respected.