Oakview Preschool - All about Me!

Welcome Oakview Families! We are excited to get to know your child and family. Please take a few minutes to complete this form to help us create a nurturing, safe, and engaging environment for your child this year. Some may be repeat questions from the student enrollment paperwork, but these answers will go directly to your child's teachers in real time. Thank you for partnering with us in your child's early education journey!

Which classroom will your child be in for the 2026-2027 school year?

- ☐ Rainbow Room
- ☐ Sunshine Room
- ☐ River Room
- ☐ Dandelion Room

Child's First and Last Name: _____

Child's Preferred Name/Nickname(?): _____

Is this your child's first time in care outside of your home?

- ☐ Yes
- ☐ No

Name of previous school or in home care (if applicable): _____

Is your child in diapers:

- ☐ Yes
- ☐ No

Will your child be napping at school? (Nap time is from 12:30pm - 2:30pm)

- ☐ Yes
- ☐ No

Please list your child's area of interest or favorite activities to do at home:

Describe your child's skill or talents:

Please describe your child in 3 words:

_____ _____ _____

Does your child have any fears, comforts, or behaviors we should be aware of (example: afraid of loud noises, sensory issues, needs a comfort item to sleep, any special names for loveys, etc.)?

Please describe a typical day with your child (include outdoor playtime and indoor playtime with toys, "electronics: i.e. computer, iPad, TV, videogames, etc.)

Does your child have any allergies (food, medication, environmental)?

Does your child have any dietary restrictions or family food preferences (example: vegetarian, gluten free, dairy free, kosher, etc.)? We like to do a lot of cooking in class!

Does your child have any recurring medical issues/problems?

- ☐ No
- ☐ Yes - please explain:_____

Do you have any concerns about your child's development? Please explain.

Has your child ever received special services including language, speech, etc.?

What do you hope your child will gain from preschool?

Who lives at home with your child, including pets (please include sibling names & ages)?

Does your child have more than one primary home? Please explain.

How do you approach unwanted/unsafe behavior from your child?

How does your family handle outbursts when your child is upset?

Do you consider yourself "firm" or "flexible" in your child's discipline?

What do you do to make your child feel comfortable?

Will someone other than a parent/guardian regularly pick up or drop off your child? (nanny, grandparent)? If yes, please provide their name, relationship and contact info.

In case your child needs to go home in an event of an emergency, please list who we should contact first based on availability (List names, relationship to child, phone number with the first being the primary contact. Please make sure these names are also listed on your emergency contact card.

1. _____
2. _____
3. _____
4. _____

Parent/Guardian (1) Name:_____

Parent/Guardian (1) Relationship to child:_____

Parent/Guardian (1) Occupation and approximate daily work hours (helpful information for teachers to know in case someone needs to be contacted)

Parent/Guardian (2) Name:_____

Parent/Guardian (2) Relationship to child:_____

Parent/Guardian (2) Occupation and approximate daily work hours (helpful information for teachers to know in case someone needs to be contacted)

Is there anything else you would like us to know about your child or family? Any insight about your family that would be helpful for us to know? (illness, death, divorce, new baby, behavior, etc.)