

Children's Rocky Mountain School, Inc. 126 Main Street, Carbondale, CO 81623 crmspreschool@gmail.com 970-963-2524

CHILD AND FAMILY INFORMATION FORM

Please help us get to know your child and family. This information will inform the teachers on how to best meet your needs and enhance your child's experience in our program. Add anything else you would like to share with us. We appreciate your input.

your input.
I. Describe the general state of your child's health and energy; list any concerns about his/her physical development, vision, hearing, motor coordination, etc.
2. Describe your child's eating habits: preferences, allergies, etc.
3. Describe your child's sleeping habits: Does he/she take a nap? When? How long?
4. How independent is your child in performing things for him/herself such as dressing, eating, toileting, etc.?
5. What are his/her special strengths and interests?
6. Does he/she have any fears? What are they?

her lose control?	
er regain control when ups	et?
ial friends? Special pets?	Special adults?
stand your child's vocabula	ry- what words does he/she use for:
Bow	el Movement
t Any	rthing else?
	which might affect your child: e.g. recent
ad a prior group experience	e? What type?
oals for your child this scho	ool year?
	Bow tAny