



HOBSON'S GETTING TO KNOW YOU

For School Year
2017-2018

Please Circle Class

2AM PM

3AM Sat PC

Child's Name _____ Gender: _____
(First) (Last)

Date of Birth: _____

Name child would like to be called at Hobson: _____

1. Family

List the child's brothers, sisters, or others living in your home:

Name:

Birth date:

Did siblings attend Hobson too?

1st Parent/Guardian's profession (currently):

2nd Parent/Guardian's profession (currently):

If presently a stay-at-home parent but worked before children, what did you do?

Are there “family times” or excursions that your child particularly enjoys? Please explain.

Are there any work factors that could influence your child? (i.e. work at home, work travel, unusual hours, etc.)

What languages are spoken in your home?

Do you have a particular talent or skill that would be interesting to children? ____yes____no
(i.e. a profession, plays a musical instrument, special hobby, etc.)

If yes, please describe:

Does your family have pets? _____yes_____no. If yes, please describe.

Are there any cultural or religious practices/holidays that are important to your family that we should know about?

2. Your Child

Does your child have experience playing with children other than those in the immediate family?
_____yes____no. If yes, please describe.

Organized group experiences? _____yes____no. If yes, please describe.

Does your child have babysitters occasionally? _____yes____no. If yes, reaction?

What kind of play/activities does your child enjoy at home? (interests, hobbies, favorite books, toys etc.) Please describe.

Indoors:

Outdoors:

Does your child have particular activities he/she dislikes?

What do you enjoy most about your child?

Are there any specific situations in which your child becomes tense, afraid or angry?

Describe how you handle discipline/guidance.

Does your child have any areas in which he/she might need special attention?

School district your child will attend?

What do you hope your child will gain from his/her experience with us?

3. Child's Development

Any difficulties during pregnancy/birth? (caesarean? premature? late?)

Describe your child's general physical and personality characteristics as an infant.

Approximate age of walking? _____

Approximate age of speaking first words? _____

Is your child toilet trained? _____yes ___no

Does your child have any speech difficulties? Please describe.

Does your child take any medication regularly? Please describe.

Has your child had serious illness, accidents or surgery? Please describe.

Have you ever been concerned about your child's development or behavior? If so, has your child ever been evaluated in regard to these concerns?

How did you hear about Hobson?

All the above information is confidential. Please let us know if any family factors occur during the year that may affect the child's adjustment to school and behavior and home (i.e. a divorce, move, new birth, severe illness, etc.)

Parent Signature _____ Date _____