



# *Carmel Presbyterian Weekday School*

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## ACQUAINTANCE FORM

Child's name \_\_\_\_\_

Parents names \_\_\_\_\_

Marital status of parents:

Married/Living Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

If divorced, please describe custody and visitation agreement for the child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Does your child share a room? \_\_\_\_\_

Other relatives living in the home \_\_\_\_\_

Playmates and ages \_\_\_\_\_

\_\_\_\_\_

Does your child have a pet?

Kind \_\_\_\_\_ Name \_\_\_\_\_

Kind \_\_\_\_\_ Name \_\_\_\_\_

Have there been any recent births, deaths, adoption, or other changes in the family structure which affected your child? If so, please describe briefly what happened, the effect on your child and how you explained this event to your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any handicaps? \_\_\_\_\_

\_\_\_\_\_

Conditions of birth:

Full-term pregnancy. Premature birth.

Describe any unusual circumstances. \_\_\_\_\_

\_\_\_\_\_

Is your child adopted? Yes\_\_\_\_ No\_\_\_\_

If yes, does he/she know it? \_\_\_\_\_

Can your child participate in all normal school activities? \_\_\_\_\_

At what age did your child: Crawl\_\_\_\_\_Walk\_\_\_\_\_ Speak \_\_\_\_\_

Is speech clear to others? \_\_\_\_\_

Sleeping habits:

Naps\_\_\_\_\_ How long \_\_\_\_\_ Usual bedtime \_\_\_\_\_

Fears: Dark\_\_\_\_\_ Dogs\_\_\_\_\_ Other\_\_\_\_\_

How are fears expressed? \_\_\_\_\_

Have you ever suspected defective hearing or eyesight? \_\_\_\_\_

Does your child have any allergies? If so, please note them

\_\_\_\_\_  
\_\_\_\_\_

Is your child taking any regular medication? \_\_\_\_\_

If so describe \_\_\_\_\_

Does your child have any dietary restrictions? \_\_\_\_\_

If so describe \_\_\_\_\_

Is this because of allergy, family preference, medical needs, or other? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special talents of parents \_\_\_\_\_

\_\_\_\_\_  
Would you be willing to share these with your child's class? \_\_\_\_\_

Did your child attend Preschool Last year? Yes \_\_\_\_ No \_\_\_\_

If there are any special needs required to help your child physically, emotionally, or socially, please let us know or list it below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_