

**Westminster School for Young Children  
Acquaintance Form Update**

This form should be completed annually as an update to the original acquaintance form completed before your child's first year of attendance at Westminster. It provides valuable information to our staff as your child continues in our program.

Child's Full Name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Birthdate \_\_\_\_\_

Past School Experience \_\_\_\_\_  
Is your child enrolled in another program this year? \_\_\_\_\_  
Child's first language (if other than English) \_\_\_\_\_

**Emotional Development**

Do you consider your child to be:  
quite active? \_\_\_\_\_ about average? \_\_\_\_\_ Inactive? \_\_\_\_\_ more reserved than others \_\_\_\_\_  
less involved? \_\_\_\_\_ as happy as others \_\_\_\_\_ a loner? \_\_\_\_\_  
How does your child respond to new or unexpected situations? \_\_\_\_\_  
How does your child respond to changes in routine? \_\_\_\_\_  
Does your child generally follow directions? \_\_\_\_\_  
Is your child particularly dependent on one member of your family? \_\_\_\_\_  
Any temper tantrums? \_\_\_\_\_ outbursts? \_\_\_\_\_ under what circumstances? \_\_\_\_\_  
How do you respond? \_\_\_\_\_  
Does your child have any particular fears or anxieties, and if so, describe your first observations of this:

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How do you respond? \_\_\_\_\_  
Any events within your family (new baby, remarriage, illness, death, moving, unhappy play) of which we should be aware? \_\_\_\_\_

**Health History**

Is your child currently taking any regular medication? \_\_\_\_\_ If yes, what? \_\_\_\_\_  
For what purpose? \_\_\_\_\_  
Allergies (Please be very specific) \_\_\_\_\_

**Please check all areas of concern and feel free to explain.**

Eating Habits _____	Fears _____	Moodiness _____
Coordination _____	Speech _____	Hearing _____
Activity Level _____	Daydreaming _____	Fighting _____
Social Skills (with peers) _____	Teasing _____	Jealousy _____
Social Skills (with adults) _____	Whining _____	Cries Easily _____
Baby Talk _____	Nervousness _____	Thumb Sucking _____
Bed-wetting _____	Day-wetting _____	Nightmares _____
Doesn't Sleep Alone _____	Temper Tantrums _____	Likes to be Babied _____
Restless Sleep _____	Disobedience _____	Movement _____
Other Concerns: _____		