



Getting to Know Your Child

Please complete this form so we may get to know your child better.

Child's Name _____ Birth Date _____

Parent/Guardian _____ Parent/Guardian _____

Nickname/What would you like us to call your child? _____

Siblings (Names and Ages) _____

Allergies _____

Medical Conditions/ Medication _____

Any Speech or Hearing Concerns? _____

When your child has to go to the bathroom, what term is used? _____

Does your child have any special fears? If so, please explain _____

What do you do to reassure your child? _____

Does your child have any special interests? (i.e., trips, bugs, pets) _____

Previous school experience _____

Is your child generally friendly slow to warm up active sensitive other _____

How does he or she get along with siblings/playmates? _____

How does your child express feelings? _____

How do you discipline? _____

Primary language spoken in the home _____

Food allergies/restrictions _____

What do you hope your child takes away from preschool? _____

Is there anything else you would like to share about your child? _____
