



Getting Acquainted

Please complete this form in its entirety. Accurate information is necessary so that we may best serve your child.

Child's Name: _____ Date: _____

Nickname/What would you like us to call your child: _____ Primary language spoken at home: _____

Who does your child live with: _____

How would you describe your child?

What are your child's favorite toys or activities?

What does your child fear?

How is your child comforted?

How does your child express anger and frustration?

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

Previous school/child only experiences:

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

How do you discipline?

Who will be regularly picking up your child? _____

How do you think your child will handle the transition away from caregiver?

What do you hope your child takes away from preschool?

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