



## GETTING TO KNOW YOUR CHILD

Child's Name \_\_\_\_\_

Birthday \_\_\_\_\_

Nickname(s) \_\_\_\_\_

Days of Attendance (please circle all that apply) M T W R F

Drop-Off Time \_\_\_\_\_

Pick-Up Time \_\_\_\_\_

Tell us about your child's eating habits (include your child's favorite foods and not so favorite foods).

Does your child have any fears or dislikes that we should know about?

What goals do you have for your child at our school?

What is something that your child finds soothing?

Does your child take naps? Does he/she sleep with a special item?

What are your child's favorite activities at home?