

Getting to Know Your Child

Please take some time to let us know about your child and your family. This information will assist us in helping your child adjust to preschool.

Child's Name		
Names and relationships of people who l Name	live with your child (please includ Relationship	de ages of siblings):
	of pet? What are their names?	(continue on back if needed
What languages are spoken in your hom What is your child's primary language?	e?	
What are some of your child's favorite to	ys/activities/books?	
Is your child potty trained? Do	oes s/he use the bathroom indepe	ndently?
Has your child attended child care or any	y other group setting with other	adults?
How does your child react to new people	?	
Do you have any concerns about your chi If so, please explain		001?
How do you handle behavior issues with	your child?	
Does your child have any fears? (If yes, p	olease explain.)	
List any dietary restrictions. Be specific.	•	
Is there anything else we should know a	bout your child?	