

About My Child

Thank you for taking the time to complete this information about your child. Knowing a little more about your child's likes and dislikes will help our teachers and support team make his or her early childhood experience special.

Child's Name: _____

My Child's Favorites:

Food(s): _____

Color(s): _____

Activities: _____

Cartoon/Literary character(s): _____

Book: _____

Toy/Object: _____

Schedule

Arrival Time: _____ Departure Time: _____

Days Attending:

Monday Tuesday Wednesday Thursday Friday

Other Important Information

Allergies: _____

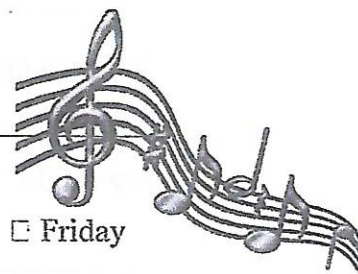
My child dislikes: _____

When my child is tired, he/she sometimes wants: _____

My child likes to be comforted by: _____

Special requests/needs: _____

Things my child does well: _____



What my child likes: _____

Things I'm working on with my child: _____

My child enjoys these physical activities: _____

My child has difficulty with these activities: _____

My child may need help with the following: _____

My child lives with the following people: _____

We have the following pet(s): _____

My child's favorite thing to do other than going to school is: _____

My child's birthday is: _____

Anything you would like us to know about your child: _____

