



ALL ABOUT MY CHILD

Please complete the following information and return it to your child's teachers. This will help us to get to know your child a little better. Thank you!

Child's Name _____ Name called: _____

Birth Date _____

Parents' Names: (mother) _____ (father) _____

Siblings (please list names & ages) _____

Who lives with your child? _____

Does your child have any pets? (Describe them) _____

What was your child's previous preschool experience (if any) like? _____

Child's normal schedule at home: Breakfast _____ Lunch _____

Dinner _____ Nap _____

Anticipated Daily Times of: Arrival _____ Departure _____

Part time: M _____ T _____ W _____ Th. _____ F _____

What are your child's favorite? Colors: _____

Interests: _____

Activities: _____ Least favorite activities: _____

Foods: _____ Least Favorite Foods: _____

Feeding habits or traditions at home? (How does your family eat dinner?) _____

Feeding abilities (good with spoon, uses fingers, etc.): _____

Allergies (be specific) _____

Describe your child's toileting (diapers, needs some help, goes alone, etc.): _____

What comforts your child? _____

Special toy or blanket for sleeping (describe and name) _____

Fears (if any): _____

What time does your child typically wake-up on a school day? _____

Do you have to wake him/her up? _____

What is your child's typical bedtime on a school night? _____

Bed Time Routine (do you read or sing before bed, etc.) _____

Does your child's schedule change on the weekends? _____

Describe any cultural or religious beliefs that your child's teachers should know include languages (other than English) spoken in the home: _____

Personal/Special Preferences (if any): _____

Describe any big or dramatic events that have recently occurred in your child's life:

Please list anything else you would like your child's teacher to know:

What do you expect your child to gain from the experience this year at our Center?

About the parents:

Occupations: (mother) _____ (father) _____

Email address: (mother) _____ (father) _____

Hobbies/Talents: _____

Would you like to come in and share anything with your child's class? _____

(If yes, please describe the way in which you can help or share your interests :)

Additional Comments: _____

*Please feel free to attach any additional sheets if you need more room to comment. *

Thanks for sharing your precious little one with us. We look forward to a great partnership for a nurturing rich educational experience.