



Getting to Know Your Child

Date: _____

Student: _____
First Name Middle Name Last Name

Child's Preferred Name (for cubbies, name tags and what they will learn to write):

Birthdate: _____ Gender: _____

Address: _____
Number & Street City, State, Zip

Primary Phone: _____ [] Home [] Cell

Mother's Name: _____

Cell Phone: _____ Email: _____

Father's Name: _____

Cell Phone: _____ Email: _____

Does child live with:

[] Both Parents [] Mother Only [] Father Only [] Shared Custody [] Other _____

Other adults living in home (state relationship to child): _____

Other children in family:

Name: _____ Age: _____ Gender: _____ Grade in School: _____

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Name: _____ Age: _____ Gender: _____ Grade in School: _____

Does your child have any allergies: _____ Allergic to: _____

What elementary school will your child be attending? _____

What would you like for your child to get out of preschool? _____

Does your child have any habits (thumb sucking, nail biting, stuttering, etc). Please note what triggers the habit(s).

How old are the children he/she plays with the most? _____

Does your child receive any special services, i.e. speech? _____

Does your child speak another language? _____ If so, what language? _____

What are your child's interests/favorite activities? _____

What are your child's favorite play things? _____

What pets does he/she have? (include names) _____

Are there any other special things about your child you think we should know? _____

Parent/Guardian Signature: _____ Date: _____