



# 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

Parent Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do child's parents live together in the same home: [ ] Yes [ ] No

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

Names/Ages of Siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_