

Getting to Know Your Child (Preschool/Pre-K)

Child's Name: _____ Birth Date: _____

Child's home language: English _____ Others _____

Does child nap during the day? Yes _____ No _____ How Long? _____

Does child need to be pat to nap or can sleep on his/her own? _____

Does child need special items to nap with? (list) _____

Does child have any allergies? Yes _____ No _____

If yes, please list: _____

Word used for urination: _____ Bowel movement: _____

Does child eat by him/herself or needs to be fed during lunch? _____

Child's personality: Shy _____ Happy _____ Talkative _____ Friendly _____ Easy going _____ Others _____

What does child like to play with? (ex: Lego, Barbie, Princess, Car, Train, etc)

How does child react when upset? (Explain)

Has child had group play experiences? _____

What is the plan for care when the child is ill?

Who would be the best contact person if child is sick? (Name & Phone Number)

Please list any other important information or special instructions that teachers may need to know to care for your child below:

Signature: _____ Relationship to child: _____ Date: _____