

"Getting To Know You" Form

Child's Name _____

Date of Birth _____

Mom's Name _____

Mom's Occupation _____

Dad's Name _____

Dad's Occupation _____

Brothers (names and ages) _____

Sisters (names and ages) _____

Child's favorite:

Color _____

Toy _____

Book _____

Sport _____

Food _____

Television Show _____

What are your child's favorite activities?

Do you have any pets? If so, what are they and what are their names?

Does your child have any health concerns or allergies?

PLEASE COMPLETE REVERSE SIDE



Are there any dietary concerns we should be aware of?

Does your child receive any early intervention or services currently? If so, what services? _____

Has your child received any early intervention or preschool services in the past? _____

If so, what services? _____

Who is primarily responsible for picking up/dropping off your child?

What language is primarily spoken at home? _____

Family's religious and cultural affiliation _____

Would you be interested in sharing your family's culture with our class? Ex. language, song, dance or food _____

Would you be able to volunteer your time when needed? _____

In addition to parents, what other adults does your child spend the most time with?

Has your child had preschool or playgroup experience? _____

Name of school: _____ Number of years attended: _____

What are your expectations for your child at our preschool? _____

When and where is the best time to call you? Please include a telephone number:

Please share any concerns you have for your child and add anything else you would like us to know:

Thank you!