

Help us to better know your child and your family

Does your child look forward to coming to school? _____

Does your child seem apprehensive about entering the Center? _____

Has your child been cared for by people other than the parents? _____

Does your child need assistance with: dressing/undressing _____ eating _____ washing hands _____

Favorite Game: _____

Favorite Toy: _____

Favorite Story: _____

Favorite Food: _____

Names of siblings and/or other family members that your child may talk about: _____

Names of family pets: _____

When your child is upset or unhappy, what seems to comfort him/her? _____

Does your family celebrate holidays? _____ YES _____ NO

If yes, please list important holidays for your family: _____

What are some of your goals and dreams for your child? _____

What are some things you hope your child will learn while in our program? _____

What language do you speak with your child at home? _____

Please provide any additional information on the back of this form that will help us better care for your child.

Signature of parent/guardian

Date