



Help us GET TO KNOW YOUR CHILD

Child's Full Name _____

Name they go by _____

Date of Birth _____
Month Day Year

Mom's Name _____ Dad's Name _____

Child lives with _____ Both Parents _____ Mother _____ Father _____ Guardian

Does your child have playmates? _____ OR prefer to play alone? _____

Has your child had other group experiences? _____

Does your child attend Sunday School? _____ Baptismal Birthday _____

Have you noticed if he/she is Right handed _____ Left handed _____ Both _____

What is his/her favorite color? _____ Food? _____ Toy? _____

Book? _____ TV Show? _____

Does your family have a pet? _____ What? _____ Name _____

Child's interests _____

Child's fears _____

Does he/she nap? _____ Everyday _____ Frequently _____ Seldom _____ Never

How long? _____ Do they wake on their own? _____.

My child will typically be dropped off in the morning by _____.

My child will typically be picked up at _____ by their _____.
List person

If eating lunch at school:

Does your child prefer _____ white or _____ chocolate milk?

Will they usually eat _____ hot lunch, or _____ cold lunch.

For hot lunch do you prefer them to order the main entrée or the alternative?