

PLEASE RETURN THIS FORM TO YOUR CHILD'S
TEACHER DURING THE 1ST WEEK OF SCHOOL.



SUPPLEMENTARY INFORMATION

CHILD: _____ DOB: ____ / ____ / ____

SIBLINGS

AGES

Language(s) spoken at home include _____

My child is happiest when _____

My child's interests include _____

My child's fears or dislikes include _____

My child can be comforted by _____

My child's greatest strengths include _____

We are continuing to work on _____

When planning appropriate activities for my child please consider the following cultural traditions _____

Ten words describing my child include _____

Child's name: _____

Has your child had a previous preschool experience?

YES

NO

Is your child toilet trained?

YES

NO

May we apply sunscreen to your child if necessary?

YES

NO

May we apply bug repellent to your child if necessary?

YES

NO

I would like my child to gain the following from this preschool experience

Please list all HEALTH and MEDICAL information the teachers should be aware of.
(please include any ALLERGIES or DIETARY RESTRICTIONS):

Please list any additional information that would be helpful.
(recent moves, a new sibling in the family, other family changes...).

We encourage family participation in our program. You can participate in our Partners in Play Program or visit class to share a special interest or skill. Please list any talents you would be willing to share with our class.

Parent's Signature: _____ Date: _____