



Dear Parent/Guardian,

We would like you to help us get to know your child better. Your child is very important to us and by completing this form you will be assisting our staff in giving your child the best possible care. We want every child to feel important and special in our program.

Please print your answers to the following questions:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age began talking: \_\_\_\_\_ Speaking Full Sentences: \_\_\_\_\_

Can recognize the following numbers: \_\_\_\_\_

Can recognize the following letters: \_\_\_\_\_

Does your child have speech, vision, or hearing problems? If yes, explain:

\_\_\_\_\_

Is there a language(s) other than English that is spoken at home, please list :

\_\_\_\_\_

Please list any food or other allergies that your child has: \_\_\_\_\_

\_\_\_\_\_

Please check the boxes below if your child has had any experience with:

Has been in a group setting before       Has completed an independent class

Used Scissors       Colored with crayons and/or markers

Used glue and/or glue sticks       Can work by themselves?

Please list anything else you would like to share about your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you!