



Tell Me About Your Child...

Name/Nickname _____

Thing he/she enjoys doing _____

Does your child have any fears? _____

How would you describe your child's
personality?

What best motivates your child? _____

What are your goals for your child this year
in Preschool?

Social _____

Emotional _____

Physical _____

Academic _____



Child's Name _____

Birthday _____

Parent's Name(s) _____

Child lives with _____

Address _____

Email _____

Home Phone _____

Mother's work and/or cell phone _____

Father's work and/or cell phone _____

Emergency (1) _____

Contact

Name/Phone (2) _____

Please circle Yes or No to the following questions about your child.

Food Allergies? Yes No

If yes, please explain _____

Health Insurance Coverage? Yes No

Other special concerns _____