

All About

(List child's first and last name)

Do you call your child something different than name listed above? _____

If so, which name do you prefer on child's cubby and when practicing name writing? _____

If your child has shown hand dominance please circle: Left Right

Parents' names: _____

Siblings names and ages: _____

Parents' occupation(s): _____

Pet's names and type: _____

I'd describe my child as: _____

Child's interests and preferred activities: _____

: _____

Special information we should know about (new house, new baby, change in family circumstance)

Things that calm my child include: _____

Do you have any concerns about your child or information you think we should be aware of: (separation anxiety, diet, sensory issues such as not liking to get messy or uncomfortable tags, developmental concerns, etc.)

Additional information to help my child have a great year include: _____
