Getting to Know You and Your Child © Updated 12/2020

Child's preferred name		DOB
Parent/Guardian names		
Preferred method of conta	ct	
Please list names & ages of	siblings:	
Please list any pets & their r	names:	
Write 3 adjectives that desc	cribe your child:	
What special interests or ex	tracurricular activities does you	ur child enjoy?
Please list any particular go to focus on for your child th	als beyond our preschool goa is year:	ls you would like me
Is there anything about you about?	ur child, your family, or your hor	me that I should know
If your child is full-time, how	important is it that your child n	naps?
time period	tired	not nap
*As the year progresses, nap time will shorten in order to prepare for Kindergarten.		
_	learning our personal information mation you would like your chil	•
Phone Number:	Address:	