

All About Me

Child's Name _____

Name you wish your child to be called _____

Name(s) of parents and/or guardians _____

Child lives with _____

If your child lives in multiple homes, what is their schedule? _____

Siblings (name, age, sex):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Pet(s) (include names: _____

What language is spoken at home? _____

Does your child speak any additional languages? Please list. _____

Does your child have any allergies, dietary restrictions, or other health concerns?

Do you have any speech, emotional, or developmental concerns regarding your child?

Does your child have a history of running away from adults or group situations? _____

Does your child have any fears? _____

Does your child have a security item? _____

Are there any bathrooming concerns that teachers should be made aware of? _____

What kinds of play activities does your child enjoy most? _____

What is your child interested in? _____

Has your child been in a group setting before? _____

What is your child's usual response to new situations or people? _____

What frustrates/angers your child? How do you help them through it? _____

What is your child's sleeping routine at home? _____

Please add any additional information that you feel would be helpful in working with and understanding your child. _____

Is there anything about your family or family background that you would like to share? _____

What is your family's (or child's) favorite meal? _____

Parent/Guardian hidden talents: _____

Topics that you would be interested in attending a training on (examples: healthy eating, biting, behavior concerns, divorce/separation etc.)

What is your preferred method of communication (circle all that apply):

Guardian Name _____ Cell Phone _____

Email _____ Work Phone _____

Guardian Name _____ Cell Phone _____

Email _____ Work Phone _____