



GETTING ACQUAINTED

Please complete this form in its entirety. Accurate information is necessary so that we may best serve your child.

Child's Name: _____ Date: _____

Who will be regularly picking up your child? _____

Primary language spoken at home: _____

When your child needs to go to the bathroom, what term is used? _____

Who are the grown ups that live with your child? (name/relation to child)

Are parents married/living under same roof? Yes No

Are their other children who live with your child? Yes No (If yes, name/age/relation to child)

Pets? (name/type) _____

What are your child's likes?

What are your child's dislikes?

Previous school/child only experiences:

How do you think your child will handle the transition away form caregiver?

What do you hope your child takes away from preschool?

Is there anything else you would like to share your child?

