

"Tell US About Your Child"

Please take a few minutes and answer the questions below. Your answers will greatly help our staff in getting to know your child. Please fill out *both* pages.

Child's Name _____ Nickname, if any _____

Birthdate _____ Today's Date _____

1. Language spoken at home: _____

2. Prior school and/or child care experience: _____

3. Personality traits/likes and dislikes: _____

4. Fears/anxieties: _____

5. Family members and pets: _____

6. Bedtime/naptime/eating habits: _____

7. Social/leisure activities: _____

8. Favorite toys/books: _____

9. Activities you enjoy doing with your child: _____

10. Type of discipline utilized in the home _____

11. What would you like to see KMS develop in your child? _____

12. Health history/problems (including surgeries/allergies): _____

13. Other information you feel we should know about your child: _____
