



**About Your Child**



In order to partner together with you to provide a culturally rich learning experience for your child at Little Light of Mine Child Center, please share some information about your child and your family and **RETURN THIS FORM AT YOUR CHILD'S ORIENTATION.**



Child's Name \_\_\_\_\_ Name to be used at school \_\_\_\_\_



Date of Birth \_\_\_\_\_ Names of Siblings \_\_\_\_\_



Our Child's Favorites:



• Color(s) \_\_\_\_\_



• Food(s) \_\_\_\_\_



• Book(s) \_\_\_\_\_



• Toy(s) \_\_\_\_\_



• Pet(s) \_\_\_\_\_ Pet's Name \_\_\_\_\_



Our Child's Strengths/Interests:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



Our Child's Fears/Dislikes:



1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



Our short/long term goals for our child/What we would like our child to achieve this year at Little Light of Mine Child Center:



1. \_\_\_\_\_

2. \_\_\_\_\_



Hobby or Job sharing that our family would like to contribute to the learning experience at Little Light of Mine Child Center: \_\_\_\_\_



Cultural Information/ Family Traditions our family would like to contribute to the learning experience at Little Light of Mine Child Center: \_\_\_\_\_



Are you interested in volunteering in your child's classroom? **YES** – Occasionally/Regularly **NO THANKS**



If there is anything else you would like to share about your child, please write it on the back.

