

Help us get to know your child better:

Child's Name _____ Date _____

1. Are there any allergies, illnesses, special needs, family situations, or fears that we should be aware of?

2. What are some of your child's favorite things to do at home or with family?

3. Has your child had previous group or preschool experiences? If so, when and where?

4. My child is _____ handed.

5. Do you have any concerns about your child's development?

6. What do you expect your child will gain from preschool?

7. My child has the following siblings: (please include name and age)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Please share any addition information that would be helpful for us to better understand your child.

9. How did you hear about Precious Gifts preschool? _____