

Let's Get Acquainted!

**Child's** Name \_\_\_\_\_ **Child's** birthdate \_\_\_\_\_

**Mom's** name \_\_\_\_\_ **Dad's** name \_\_\_\_\_

Address: \_\_\_\_\_

Dad's/Mom's address (if different) \_\_\_\_\_

Email address (Mom): \_\_\_\_\_

Email address (Dad) \_\_\_\_\_

Mom phone \_\_\_\_\_ Dad phone \_\_\_\_\_

**Medical/Allergy Information:** (may require doctor documentation)

Food allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**Transportation:**

On a general basis, my child will:

**ride bus to** school \_\_\_\_\_ **ride bus home** \_\_\_\_\_ **ride bus to sitter** \_\_\_\_\_

**be brought to school** by responsible person \_\_\_\_\_

**be picked up** from school by responsible person \_\_\_\_\_

Names of people NOT allowed to pick up child: (may require legal document)

\_\_\_\_\_

Name of daycare/babysitter: \_\_\_\_\_

People who might pick up child: \_\_\_\_\_

\_\_\_\_\_

**Basic Information:**

How many siblings? \_\_\_\_\_ Names/Ages \_\_\_\_\_

Pets/Names: \_\_\_\_\_

My child likes to be called \_\_\_\_\_

My child shows preference for right/left hand? \_\_\_\_\_

I have difficulty understanding my child's speech \_\_\_\_ yes \_\_\_\_ no

If yes, describe \_\_\_\_\_

Child's favorite toys/play activities: \_\_\_\_\_

Child's favorite foods: \_\_\_\_\_

My child will **not** eat \_\_\_\_\_

What I like best about my child: \_\_\_\_\_

\_\_\_\_\_

My child likes to: \_\_\_\_ paint \_\_\_\_ look at books \_\_\_\_ play outside  
\_\_\_\_ draw/color \_\_\_\_ sing \_\_\_\_ dance \_\_\_\_ get messy

My child has difficulty: \_\_\_\_ making friends \_\_\_\_ getting along with others  
\_\_\_\_ dressing self \_\_\_\_ sleeping at night \_\_\_\_ using toilet \_\_\_\_ feeding self  
\_\_\_\_ separating \_\_\_\_ sharing/taking turns

Special phrases for bathroom? \_\_\_\_\_

My child fears (dogs, thunder, dark) \_\_\_\_\_

We celebrate Halloween/Santa/Birthdays? \_\_\_\_ yes \_\_\_\_ no

I have observed behavior issues with my child? \_\_\_\_ yes \_\_\_\_ no

Describe \_\_\_\_\_  
\_\_\_\_\_

When angry/upset/frustrated I have seen my child: bite \_\_\_\_\_ swear  
\_\_\_\_\_ hit \_\_\_\_\_ push/shove \_\_\_\_\_

When the above happens I \_\_\_\_\_  
\_\_\_\_\_

I would like you to observe my child because I am concerned about the following:

\_\_\_\_\_  
\_\_\_\_\_

I would like my child to gain the following from his/her 4K experience:

\_\_\_\_\_  
\_\_\_\_\_

Any other comments/information about child:

\_\_\_\_\_  
\_\_\_\_\_

Two Take Home Folders requested: (for parents who live apart) \_\_\_\_ yes \_\_\_\_ no