



# GETTING TO KNOW YOU.....

Help me get to know your child better!

1. Child's Name: \_\_\_\_\_ Nickname(if any): \_\_\_\_\_
2. Age: \_\_\_\_\_ Birthday: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Mother name: \_\_\_\_\_ Father name: \_\_\_\_\_
5. Family members at home: \_\_\_\_\_
6. Does your child have brothers/sisters at home? \_\_\_\_\_ how old? \_\_\_\_\_
7. Family nationality: \_\_\_\_\_ What is the primary language spoken in your household? \_\_\_\_\_ Any other languages spoken in household? \_\_\_\_\_
8. Did your child attend preschool? \_\_\_\_\_
9. Bed Time: \_\_\_\_\_ Number hours of sleep: \_\_\_\_\_
10. Does your child watch television daily? \_\_\_\_\_ How much? \_\_\_\_\_
11. Does your child read daily? \_\_\_\_\_ How much? \_\_\_\_\_
12. Favorite book: \_\_\_\_\_ Favorite song: \_\_\_\_\_
13. Please list any allergies: \_\_\_\_\_
14. Does your child have any special restrictions? \_\_\_\_\_  
\_\_\_\_\_
15. Does your child have a pet? \_\_\_\_\_ Pet Name: \_\_\_\_\_
16. Can your child tie his/her shoes? \_\_\_\_\_

17. Is your child right/left handed? \_\_\_\_\_

18. Is your child afraid of anything? \_\_\_\_\_

19. What responsibilities does your child have at home? \_\_\_\_\_

\_\_\_\_\_

20. Favorite Things?

Color?		Song?	
Movie?		Food?	
Book?		Game?	
Activity?		Celebrity?	

Is there anything else you would like to share about your child? We would love to know 😊

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