

Getting to Know You....

Child's name _____ M/F _____ Birthday _____
Address _____ City _____ Zip _____
Home Phone _____
My Child prefers to be called _____

My Mom's name is _____ and she works at _____
The best number to reach her during preschool is _____
Email address _____

My Dad's name is _____ and he works at _____
The best number to reach him during preschool is _____

My siblings and their ages:

- 1.
- 2.
- 3.
- 4.

The person who will drop me off and pick me up most often is _____

Other people who can pick me up are 1. _____ Phone _____
2. _____ Phone _____

If I am sick, please call in this order:

*Name _____ Phone _____
*Name _____ Phone _____
*Name _____ Phone _____

I am carpooling with _____

I am allergic to (medications, foods, etc.) _____

I really like (foods, colors, activities, etc.) _____

I do NOT care for (sounds, activities, foods, etc.) _____

I am right handed or left handed _____

Previous preschool experience and where _____

Please list any concerns here or on the back of the paper