



All About My Child

Parents or Guardians: The information on this form will be shared with your child's teacher.

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| Child's Name: | Birthday: |
| Does your child have any siblings? If so, please share their names and ages. | |
| Do you have any pets? If so, what are their names? | |
| Does anyone other than parents, siblings, and pets live in the home with you? | |
| What word or phrase does your child use for going to the bathroom? | |
| Is your child fearful of anything in particular? | |
| What do you expect from the preschool experience? | |
| What activities does your child enjoy? | |
| Does your child have a favorite song? | |
| Please tell us anything else you would like us to know about your child (you may use the back of this page): | |