



# Getting to Know Your Child

(Kindergarten)

Please complete this form so that we may get to know your child better.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Nickname/What would you like us to call your child? \_\_\_\_\_

## Health

Any allergies? \_\_\_\_\_

Any medical conditions? \_\_\_\_\_

Any speech or hearing difficulties? \_\_\_\_\_

## Social Relationships

Previous school experience \_\_\_\_\_

Knows the following children in our school \_\_\_\_\_

Is your child generally friendly \_\_\_\_\_ shy \_\_\_\_\_ active \_\_\_\_\_ sensitive \_\_\_\_\_ other \_\_\_\_\_

How does he or she get along with siblings? \_\_\_\_\_

How does the child express feelings? \_\_\_\_\_

Favorite pastime activities or hobbies? \_\_\_\_\_

## Eating

Food allergies/restrictions \_\_\_\_\_

Is child hungry at meal times? \_\_\_\_\_ Between meals? \_\_\_\_\_

Favorite foods \_\_\_\_\_

Food dislikes \_\_\_\_\_

## Preferences

Does your child enjoy active play? \_\_\_\_\_

Has he/she participated in group activities? \_\_\_\_\_

Does your child enjoy team sports? Which ones? \_\_\_\_\_

## Sleeping

Time child goes to bed at night \_\_\_\_\_ awakens \_\_\_\_\_

Does your child nap? \_\_\_\_\_

In what particular ways can we help your child this year? What do you hope your child will gain from this experience? Please add this and any additional comments or information on the back of this form.

Thank you!