

GET TO KNOW ME

(Please fill in and bring to Meet the Teacher)

Child's Full Name: _____

1. What name does your child like to go by? _____

2. Is your child allergic to any foods? _____

3. Does your child have any fears? _____

4. What is the best way to calm your child? _____

5. What activities does your child enjoy? _____

6. Does your child have a favorite book or character? _____

7. Does your child have a nap time routine? Lovey or Pacifier? _____

8. Please list names and ages of your child's siblings

9. Is your child potty trained? Yes or No If yes, skip to question 12 .

10. Is your child in the process of potty training? Yes or No If yes, answer questions 11.

11. Any special words you use for potty training? _____

12. Does mom or dad travel frequently? Yes or No

13. Is there anything else you would like to share about your child? _____
