## Let's get to know ya!

Child's first name:		Middle	•	Last:		
DOB: Gender	: <b>M</b>	F Pre	ferred name:			
Mom's name:		Step	o-Dad, if appli	icable:		
Dad's name:		Step	o-Mom, if app	olicable:		
Co-Parenting Dual Household?: YES	NO N	Notes: _				
Siblings (Names & Ages):						
Pet's at home:						
My Unique Child:						
My child loves to eat	If he/sh	ne neve	r had to eat		_ again, he/she	would thank
me. An interesting fact to know about n						
His/her favorite TV show is:						
and you may call him/her						
My child fears						
My child dislike	es					•
The area I hope my child grows the mos	st in this	s year i	S			
If I could ask you one thing to get to kno	ow YOU	U <b>bette</b> i	, it would be			
This is something my child did for this f	first tim	e this y	ear:			
My child appreciates						·
My child learns best by						

## Our Unique Partnership:

We have enrollment information on file, but in case I need to directly contact you regarding educational matters, I need to gather some information from you. Mother: \_\_\_\_\_ Phone: \_\_\_\_ Text okay? Y N Father: \_\_\_\_\_ Phone: \_\_\_\_\_ Text okay? Y N Anyone else to add to contact regarding educational matters? Name: \_\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Text okay? Y N Name: \_\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Text okay? Y N Email: Are you or any members of the family willing to come help chaperone on field trips? Yes No Other: Do you have access to an organization/entity/person that may have an experience that would enhance the children's learning? (Example: Know someone who owns horses that would be willing to allow a show and tell event) Yes No Other: \_\_\_\_\_

If I could describe my parenting style in three words: