

All About Your Child

Family Information:

Child's name: _____

Age of child & birthdate: _____

Parents: _____

Name & age of siblings: _____

About the child:

Has your child attended preschool before? _____

Does your child dress themselves? _____

Is your child right or left handed? _____

Does your child share toys well with other? _____

Does your child clean up their toys after play? _____

Dietary considerations: _____

What is your child's favorite activities, indoors and outdoors? _____

Is your child allowed screen time? How much? _____

Does your child have any special fears you are aware of? _____

If your child is angry or upset, what helps calm them? _____
