

**ABOUT YOUR CHILD**

**DATE** \_\_\_\_\_

The information you share on this form will help us communicate with and provide a comfortable environment for your child.

CHILD'S FULL NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
PARENTS/GUARDIANS NAMES \_\_\_\_\_

1. Who lives at the child's home? (Explain any unique situation due to divorce, separation, death, etc.)

2. Child's pets (type and name)

3. How does your child react to separation from you?

4. Has your child had opportunities to play with other children? What was their response to such situations?

5. What kinds of play materials and experiences does your child particularly enjoy?

6. Does your child have any special dietary needs, food allergies or aversions to particular foods?

7. If your child is toilet trained does s/he use any special words to indicate the need to go to the toilet?

Does s/he need to be reminded? How much help is s/he used to in the bathroom?

8. Can you think of anything else that would be particularly helpful for us to know in order to help your child

adjust to school? (Special words, fears, feelings about coming to school, nap time , etc.)

9. Why did you choose Corner of the Sky and what expectations do you have?

(Please use the back for more room to answer any question.)