

Help Us Get to Know Your Child

Child's Name: _____ Nickname: _____ Birthdate: _____

People presently living in home:

Father/Guardian: _____ Mother/Guardian: _____

Brother's Name/Age:

Sister's Name/Age:

Does your child have parent living outside the home? _____

If yes, how often do they see them? _____

Father's occupation: _____ Mother's occupation: _____

Are there any particular fears you child has? _____

Are there any medical problems we should be aware of? _____

Any known allergies? _____

Favorite interests? _____

Favorite toys? _____

Favorite foods? _____