

# Getting to Know You....

Child's name \_\_\_\_\_ M/F \_\_\_\_\_ Birthday \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
My Child prefers to be called \_\_\_\_\_

My Mom's name is \_\_\_\_\_ and she works  
at \_\_\_\_\_  
The best number to reach her during preschool is \_\_\_\_\_  
Email address \_\_\_\_\_

My Dad's name is \_\_\_\_\_ and he works at  
\_\_\_\_\_  
The best number to reach him during preschool is \_\_\_\_\_

My siblings and their ages:

- 1.
- 2.
- 3.
- 4.

The person who will drop me off and pick me up most often is \_\_\_\_\_  
Other people who can pick me up are 1. \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Phone \_\_\_\_\_

If I am sick, please call in this order:

\*Name \_\_\_\_\_ Phone \_\_\_\_\_  
\*Name \_\_\_\_\_ Phone \_\_\_\_\_  
\*Name \_\_\_\_\_ Phone \_\_\_\_\_

I am carpooling with \_\_\_\_\_

I am allergic to (medications, foods, etc.) \_\_\_\_\_

I really like (foods, colors, activities, etc.) \_\_\_\_\_

I do NOT care for (sounds, activities, foods, etc.) \_\_\_\_\_

I am right handed or left handed \_\_\_\_\_

Previous preschool experience and where \_\_\_\_\_

Please list any concerns here or on the back of the paper