



## All About My Child

Parents or Guardians: The information on this form will be shared with your child's teacher.

Child's Name:	Birthday:
Does your child have any siblings? If so, please share their names and ages.	
Do you have any pets? If so, what are their names?	
Does anyone other than parents, siblings, and pets live in the home with you?	
What word or phrase does your child use for going to the bathroom?	
Is your child fearful of anything in particular?	
What do you expect from the preschool experience?	
What activities does your child enjoy?	
Does your child have a favorite song?	
Please tell us anything else you would like us to know about your child (you may use the back of this page):	