

Child's Name: _____ Date of Birth: _____

Nicknames/ Names child likes to be called: _____

Parent/Guardian First Name(s): _____

Eating Habits

- What are your child's favorite foods? _____
- What are your child's least favorite foods? _____
- If your child has special dietary needs, please describe them here. _____

Sleeping Habits

- How often and how long does your child usually nap? _____

Communication

- How does your child communicate best with you at home? _____

Comfort

- What does your child like to do? _____
- What comforts your child? _____

Behavior Guidance

- What methods of behavior guidance do you use at home? (examples: talking, role modeling, redirecting, etc.) _____

Kindergarten Readiness

- Are you planning on sending your child to kindergarten after finishing the pre-k year? _____
- What are your greatest concerns regarding kindergarten readiness? _____

Allergies and Medication

- Please discuss any allergies or medications we should be aware of. _____

Special Needs and Other Information

- If your child has any special needs, please discuss here briefly. We will create or locate an ICCP as needed. _____
- Is there anything else you'd like to share? _____

Family Traditions and Customs

- What is your child's home language? _____
- Are there any traditions or customs we should be aware of? Please explain. _____

Parent Signature _____ Date _____

Teacher Signature _____ Date _____