

Help us get to know your child

Dear Parent,

Please help me help your child through orientation by completing this form.

Childs Name _____

Please list your child's favorite,

Breakfast food _____

Lunch food _____

Snack food _____

Song _____

Books _____

Videos _____

Toy or stuff animal _____

Cartoon character _____

Game _____

Inside activity _____

Outside activity _____

If my child has trouble falling asleep I usually _____

My child is afraid of _____

Other people who have regular contact and are involved with my child's care (grandparents, stepparents, siblings, friends, etc.)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are brand new to each other) ...
