

3301 N 32nd Street, Phoenix AZ 85018



GETTING TO KNOW YOU

Name of Program _____ Starting Date _____

Name of Student _____ Nickname _____

Age _____ Date of Birth _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Marital Status _____

Does your child have any allergies to any foods? _____

Other Allergies? _____

Does your child nap? No _____ Yes _____

If so does your child have a favorite item to sleep with? _____

Child's school schedule _____

Child's favorite animal _____

List Child's Favorite things to do.

Other Children at Home.
(Names and Ages)

List your child's likes.

List your child's dislikes.

List your child's strengths.

List your child's weaknesses.

