

# GETTING ACQUAINTED



Please fill out this form and return it with other requested forms. Feel free to include any additional information or comments (on the reverse) that would help us get to know your child.

Child's name \_\_\_\_\_

Name child prefers to be called (if different) \_\_\_\_\_

Sibling name(s) and age(s) \_\_\_\_\_

Has child attended school, other than West Maple Preschool? \_\_\_\_\_

Where? \_\_\_\_\_

Child's likes/interests \_\_\_\_\_

Child's dislikes/fears \_\_\_\_\_

The best way to comfort my child is \_\_\_\_\_

My child enjoys playing with \_\_\_\_\_

Is your child fully independent when using the bathroom? \_\_\_\_\_

Does your child have any allergies (food, pet, etc.)? \_\_\_\_\_

Will your child need to keep medication at school? \_\_\_\_\_

This year I hope to see growth in the following areas: \_\_\_\_\_