



## All About My Child

Please help us get to know your child better this session by completing the information below and returning it with your other completed forms.

Your responses will help your child's teacher learn more about you and your family.

Thank you for trusting us with your child this year — we look forward to a wonderful year of learning and growing together!

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 1. Tell us about your family

(Include siblings—names and ages—pets, or other family members your child interacts with.)

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### 2. What are your child's favorite things to do?

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### 3. Does your child experience any separation anxiety?

Yes     No    If yes, please explain:

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**4. Does your child have any food or medication allergies?**

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**5. Do you have any concerns about your child's speech?**

Yes     No    If yes, please explain:

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**6. Is your child currently potty trained or in the process of training?**

Please share what stage of potty training your child is in.

This helps us maintain consistency between home and school and better support your child's needs.

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**7. Do you have any concerns about your child's physical or emotional well-being?**

Is your child currently working with a specialist (e.g., physical, occupational, or speech therapist)?

We welcome collaboration and input from specialists who work with your child.

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**8. Is there anything else you'd like us to know about your child?**

(Please include anything that might help us better understand or support your child.)

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**THANK YOU!**