



Creative Beginnings Preschool
All About Me

(Child's Full Name)

Gender: _____ Birthday: _____

ATTACH PICTURE OF CHILD

Name your child would prefer to be called.

What formal school experience has your child had? Where?

Does your child have difficulty separating from parents? (Please explain)

Please let us know of any special needs that your child might have. (allergies, sensitivities, speech delays, suspected learning delays, IEP, or behavior problems)

What activities does your child enjoy?

What activities does your child dislike?

Does your child have any fears? (Please explain)

Is your child potty trained or in the process of being potty trained?
(2's only. All other children are required to be potty trained)

How is your child best motivated?

Who lives at your home? Please list names, relation to child and ages of siblings. (parents, grandparents, siblings, pets, etc.)

Please let us know about religious practices and parenting practices that you feel would help us better serve your family.

Do you have a special talent or profession that you would like to share with the class?

