

St. Vincent's Preschool Class  
Getting To Know You

Please complete this form so we can learn a little more about your child.  
Use the back if needed.

Thanks!

Child's Name \_\_\_\_\_ Age \_\_\_ Birthday \_\_\_\_\_ M\_\_\_ F\_\_\_  
Nickname or name you want your child to learn to print \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home Phone# \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

1. List a few of child's interests or favorite things to do.
2. What previous (if any) experiences in preschool or play groups has your child participated in?
3. List any physical or social/emotional concerns I should be aware of.
4. Does your child have any allergies? Include food allergies.
5. Does your child have any medical problems we need to be aware of? Is your child on any medications?
6. What is the most important thing you would like to see your child accomplish this year?
7. Does your child find it difficult to separate from you?\_\_\_\_ If yes, what does your child find comforting?
8. Is your child toilet trained and able to use the bathroom independently?
9. We love to include parents/grandparents in our program. If there are any special interests, careers, hobbies that you would like to share with the class, please list below.