



SAN FRANCISCO

## Help Us Get To Know Your Child

Parents' Names \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Allergies? \_\_\_\_\_

1. What are your child's special interests?

\_\_\_\_\_

2. Does your child speak more than one language? If so, what language(s)?

\_\_\_\_\_

3. Does your child have siblings? If so, what are their names and ages?

\_\_\_\_\_

4. Does your child have a favorite toy or comfort object?

\_\_\_\_\_

5. What is it and when do they need it most?

\_\_\_\_\_

6. Does your child have any fears we should be aware of? (loud noise, animals)

\_\_\_\_\_