



# SCRIBBLES PRESCHOOL, INC.

## Help Us Get to Know Your Child

### For Fours' Classes

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

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

1. What are your child's special interests?

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2. If applicable: Does your child speak more than one language? Which ones? What languages are spoken at home?

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3. If applicable: Does your child have a favorite toy or other comfort object? What is it? When does your child seem to need it most?

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4. How does your child feel about coming to school?

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5. Any fears (e.g. loud noises, animals, etc.)? How do you comfort your child?

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6. What behavior management techniques do you use at home?

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7. Has your child had any previous experience in nursery school? Please explain.

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8. Please describe any serious illnesses, hospitalizations, allergies, and special physical conditions.

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9. What time does your child go to bed at night and when does your child typically wake up in the morning?

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10. What do you hope your child will gain from this school year?

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11. Is there anything else you would like us to know about your child?

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