



# All About Me

ATTACH PICTURE OF CHILD

\_\_\_\_\_

(Child's Full Name)

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 or behavior problems)

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

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)

