

# TELL US ABOUT YOUR CHILD

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Siblings and ages \_\_\_\_\_

Special attachments (i.e. blanket, teddy bear, etc.) \_\_\_\_\_

Likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Toileting Names \_\_\_\_\_

Habits \_\_\_\_\_

Particular Fears \_\_\_\_\_

How does your child express anger? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

Has your child ever been separated from you? \_\_\_\_\_

How did she or she handle it? \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_

Child's strengths, in your opinion \_\_\_\_\_

Any additional information about your child: \_\_\_\_\_

What can we do for you and your child to help in this transition? \_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

*As a new family in our program, we recognize that transitions can be stressful and we welcome you to drop in and visit with your child or call and talk to your child or his or her teacher to see how their day is progressing.*