



Tell Us About Your Child

Name: _____ Nickname: _____

Siblings and Ages: _____

Special attachments (ie blanket, teddy bear, etc) _____

Likes: _____

Dislikes: _____

Toileting Names: _____

Habits: _____

Specific Fears: _____

How does your child express anger? _____

How do you discipline your child? _____

Has your child ever been separated from you? _____

How does your child handle separation from you? _____

Has your child been hospitalized? _____

Child strengths: _____

Additional Information about your child: _____

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

Parents 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 your child's teacher to see how the day is progressing. Please contact us if you have any questions or concerns.
