



Pre-K Personal Information Sheet

Child's Name _____ Birthdate _____

| Names of Brother(s): | Ages: | Name(s) of Sisters: | Ages: |
|----------------------|-------|---------------------|-------|
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- Names of anyone that lives with you. _____
- Does your child have any food allergies or dietary restrictions? ____Yes ____No
If yes, explain _____
- Does your child have any allergies to medication? ____Yes ____No
- Does your child have any particular fears? ____Yes ____No
Explain _____

- When your child is upset, what does he/she find soothing, comforting? _____

- What toys & activities make him/her happy? _____

- Please use this space for any other information you wish to share about your child.

Parent's Signature _____ Date ____/____/____