

Pre-K Information Sheet

Child's Name _____

Is this your child's first school experience? If not, where has your child gone to school? _____

What is your child's primary language? _____

What time does your child usually go to bed? _____

Does your child dress him/herself? _____

Is your child potty trained (no accidents within the past 30 days?) _____

Do you read to your child? What are his/her preferences (fairy tales, animal stories, etc.?) _____

Does your child have playmates? What are their favorite things/games to play? _____

Please describe your family, does your child have siblings and/or pets? What are their names? (this will help us spell their names on their artwork.)

Is there anything else you would you like me to know about your child? Please write it on the back.