Getting To Know Your Child

Help me learn all I need to know to help your child have an enjoyable and successful year.

Your child's name:
What does your child prefer to be called:
My child's favorite things: Favorite color: Favorite book: Favorite toy: Other favorites:
My child is good at:
My child likes to: (check all that apply) Listen to storiesRead alonePlay alonePlay with other childrenPlay outsidePlay quiet gamesPlay insidePlay make-believeGo to friends houseDraw and color My child doesn't like to:
I would like you to know this about my child:
My child learns best by:
Does your child have any allergies/health restrictions?
Will your child be eating Breakfast/lunch at school? (Please circle) Yes-always Sometimes No
Did your child attend TK: (Please circle) Yes No
If ves, what school did they attend TK at?

(i.e. culture, d	activities that your family enjoys doing together)
There are	children in our home. Their ages and names are:
My child lives w	with:(Please circle) Both parents Mom Dad Other
What language	e is primarily spoken at home?
What other lan	nguages does your child know?
Will you require (Please circle) Yes	e a translator at meetings such as parent/teacher conference? / No
What do you n	need from me this year as your child's teacher?
What would yo	ou like to see your child improve on this year?
Who will primar	rily help your child with homework at night?
Are you interes	sted in volunteering in the classroom or chaperoning field trips?
What is the bes	st way to get in contact with you? (please circle) Email Text
Mother's name Mother's phone	L of your information: e: Father's name: e #: Father's phone #: l: Father's email:
•	introducing me to your child. With your help I know this is goin nderful year!
	From, Ms. Kolbeck