



Acquaintance Form

Your thoughtful completion of this form will give your child's teachers knowledge that will help them work more effectively with your child from the beginning of school. The information provided on this form will be considered confidential.

Child's Name: _____

Allergies: _____

Mother's Name: _____

Mother's Occupation: _____

Special talents or interests I can share in the classroom: _____

Father's Name: _____

Father's Occupation: _____

Special talents or interests I can share in the classroom: _____

Is a language other than English spoken at home? Yes No If yes, which language? _____

Do both parents live in the home? Yes No If no, please explain. _____

Please list others living in your home:

Name: _____

Relationship to child: _____

Does your child have a regular nanny or caregiver? Yes No If yes, what is their name? _____

Please list any family pets and their names: _____

If your child recently experienced a major life change (birth, death, divorce, remarriage, move, etc.), how is he/she reacting to it?

Regular Routines:

Will your child be relying upon a special comfort item (blanket, lovey, stuffed animal, etc.) while at school? Yes No
If yes, how does your child refer to this item? _____

Children in Threes classes and older are expected to be fully toilet-trained. If your child is under 3 years old and in the process of toilet-training, what is their current routine?

Is your child currently receiving the following services? Speech Therapy Occupational Therapy Physical Therapy
 Sensory Integration Therapy Other: _____

Child's Interests & Fears:

What are your child's favorite books? _____

What are your child's favorite songs? _____

What are your child's favorite play activities? _____

Is there anything that your child may be afraid of while at school? _____

If there is any additional information you would like to share, please use the back.