



Welcome to BedRock Preschool! Entering preschool is an exciting time, but we also understand it may cause some anxiety. The information that you provide will help the teachers to transition your child into preschool. Please complete form and submit to your child's teacher.

GETTING TO KNOW YOUR CHILD (Preschool)

Names of Parents: _____

Child's Name _____

Nickname _____

Birthday _____

This is my child's first experience attending preschool/daycare.

My child has been enrolled in preschool/daycare previously.

My child usually arrives at school by _____

And usually leaves school at _____

* Please observe our pick up and drop off policy

My child lives with (include pets) _____

Eating Habits

My child loves to eat _____

My child does not like _____

My child is allergic to (food/non-food) _____

My child cannot have (food) _____

My child can eat by himself/herself.

My child can use a spoon or fork.

My child drinks from a cup.

My child drinks Juice Diluted 1/2 water 1/2 juice No Juice _____ Special Instructions

Sleeping Habits

My child uses a pacifier to fall asleep.

My child needs his/her back rubbed or patted.

My child needs _____ to fall asleep.

My child naps regularly. Specify time of day: _____

My child usually naps for about _____ (minutes/hours) from _____ to _____ pm.

Potty Habits

My child is potty trained.

My child has just started potty training.

My child uses pull-ups.

My child uses diapers.

What potty training techniques are you using at home?

My Child's Disposition

What behavior management methods do you use that are effective for your child? _____

Are there any specific attention-seeking behaviors we should be aware of and if so, how do you handle these behaviors? _____

Does your child have any specific fears (vacuum cleaner, clowns, strangers, animals)?

My child's favorite activities are: _____

My child's strengths are:

Goals for my child are:

Other important information to note:
