

# Getting to Know You and Your Child

Child's First/Last Name:

Nickname(s):

Gender: \_\_\_ M \_\_\_ F

Birthday: \_\_\_\_\_

Lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

## Contact Information

Mother/Guardian's Name:

Father/Guardian's Name:

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone# \_\_\_\_\_

Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

## Important Info.

Allergies or medical concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who has permission to pick up your child?

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

*Continued...*

**Your Child's  
Likes/Dislikes**

|  |  |
|--|--|
|  |  |
|--|--|

**3 Unique Things**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Anything else I should know?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_