

All About Me - Family Information 2024-2025

First	Middle	Last	
Date of Birth	(ı	month/day/year)	
Name your child goes by			
This is the name that we will use on	your child's cubby tag, c	lassroom lists and referred to by staff/stude	ents.
Father's Name		Mother's Name	
Other members of household: NAME 1. 2. 3. 4.	<u>AGE</u>	<u>RELATIONSHIP</u>	
_ = •	onal) llar Attendees, ELC llar Attendees, Other		
Does your child have allergies If yes, please provide a list of allerg necessary.		No ur child has to the allergens. Additional for	rms will be provided as
Has anyone other than parer circumstances?	its had a substantia	Il role in your child's life and if so,	what were/are the
Are there any recent or upcome death in the family, new baby,		/household changes? (separation, o	divorce, new home,
Does your child have special r	needs? (speech, hea	aring, vision, physical, emotional, etc	c)
What experiences has your cl how did he/she respond?	nild had with groups	of children (preschool, play group,	daycare, etc.) and
What frightens your child and	how are they best co	omforted? (thunderstorms, sirens, lo	oud noises, etc)
Are there any other concerns	that you would like u	s to know about?	