

**THE LEARNING CENTER PRESCHOOL "GETTING TO KNOW YOU FORM"**

**Child's Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Who does your child live with the majority of the time?**

**If you share custody, please indicate any special schedules or routines we may need to know about.**

**Would you say that your child has adjusted to the idea of attending preschool?**

**Are both parents allowed to be called in emergency situations?**

**Are there other adults who may be allowed to see your child on campus that are not listed on the emergency pick-up list?**

**If there is someone who is not allowed to pick-up, please**

**Relationship to Child** \_\_\_\_\_

**Names & Ages of Siblings** \_\_\_\_\_

\_\_\_\_\_

**Do They Also Live in the Household?** \_\_\_\_\_

**Child's Favorite Toys, Activities and T.V. Shows** \_\_\_\_\_

\_\_\_\_\_

**Known Allergies? Yes or No**  
**Please list your child's allergies:**

\_\_\_\_\_

\_\_\_\_\_

**Child's Fears** \_\_\_\_\_

**Please Share Any Additional Information You Feel Will Help Us**

(add pages if necessary)