ALL ABOUT ME!

2026/27 SCHOOL YEAR

Child's Name: _____ Nickname: _____

Father/Guardian's Name: _____ Occupation: _____

Mother/Guardian's Name: _____ Occupation: _____

Brothers and Sisters (names and ages): _____

_____

My pet's name is _____.

It is a _____.

EATING HABITS

- Allergies or dietary restrictions: _____
- Refused Foods: _____
- At mealtime, I need help with: _____

SLEEPING HABITS

I take a nap. ☐ Yes ☐ No

When I rest, I like to rest with

_____.

BATHROOM HABITS

My child is fully trained	Trained but still needs a diaper at nap	Diapered but actively training	Solely diapers at home
☐	☐	☐	☐
Goal: _____	Goal: _____	Goal: _____	Goal: _____

Please share anything you would like us to know about your child's diapering routine.

_____

_____

_____

Any other concerns/Health concerns, fears/anxieties, cultural or background concerns:

_____

_____

Please share any additional information about your child or your family that you feel would help us provide the best care.

_____

_____

_____

THANK YOU!

We're excited to learn and grow together!

Kindergarten Preparatory

PRESCHOOL

GIVING KIDS THE ADVANTAGE THEY NEED TO SUCCEED