

It is our goal to provide a welcoming, safe and nurturing educational environment for every child. In order to help us know your child better, please fill out the following questions:

**What does your child particularly enjoy?**

**What does your child dislike or fear?**

**What do you expect from preschool for your child?**

**Health Information:**

**\*Does your child have any food allergies?** If yes:

Please list:

What reaction does he/she have?

**\*Does your child have any other allergies?** If yes:

Please list:

What reaction does he/she have?

**\*Does your child have any special health considerations?** (Such as asthma, eczema, etc). If yes:

Please describe:

**\*If yes to any of the above, would you want/need us to keep emergency medication at school? We will provide you with a Medical Form to have signed by your physician.**

**Should your child's physical activities be limited in any way?**

**Is there anything else you would like us to know about your child? Please disclose any information that would help you child's teacher help your child.**