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.