



All About My Child

Child's Name: _____

Date of Birth: _____

Date Completed: _____

Names of family members and other significant people close to your child:

Does your child have any particular interests/hobbies or toys they like to play with?

How does your child respond to new people/situations?

What does your child like to eat for snacks/meals?

Does your child have any particular fears, worries or dislikes we should know about?

Is there any other information you would like us to know in order to help your child settle and be happy?