

About Your Child. . .

Welcome to Adventure Time! To help your child's new teacher(s) get to know him/her better, please fill out this quick questionnaire. Feel free to use the back side of this page if you need more space.

Child's Name (First & Last) _____ Birthdate _____

Parent Name(s) _____

Home Phone# _____

Has your child been in a preschool or child care center before? If yes, was his/her experience?

Does your child have any special strengths, challenges or special needs?

Does your child have any particular personal habits you would like to share? (i.e eating, napping or pottyng)

Does your child make friends easily or struggle with friendships?

Is there any helpful information that you would like to share about your child's family situation?

Does your child have any favorite attachments or interests?

Is there anything else you would like to add???

After you have filled out this form, please return it to the Adventure

Time office. Thank you!