

## GETTING TO KNOW YOU

Dear Parents,

Please help us to help your child by completing this form.

Child's Name \_\_\_\_\_

Please list your child's **favorite**...

Breakfast food \_\_\_\_\_

Lunch food \_\_\_\_\_

Snack food \_\_\_\_\_

Song \_\_\_\_\_

Book (s) \_\_\_\_\_

Toy or Stuffed Animal \_\_\_\_\_

Cartoon or Video Character \_\_\_\_\_

Game \_\_\_\_\_

Indoor Activity \_\_\_\_\_

Outdoor Activity \_\_\_\_\_

What do you do to help when your child cannot fall asleep? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything your child is afraid of? \_\_\_\_\_

\_\_\_\_\_

