

# HOLY CROSS LUTHERAN LEARNING CENTER

## HELP US GET TO KNOW YOUR CHILD

Please fill out **front and back** of this form. This information that will help us get to know your child.

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

Primary language spoken at home \_\_\_\_\_

List siblings or other people living in your home (include name and age) \_\_\_\_\_

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List your family pets \_\_\_\_\_

What is your child's favorite:

toy or game \_\_\_\_\_

food \_\_\_\_\_

TV show \_\_\_\_\_

Please tell about your child's eating habits. \_\_\_\_\_

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What are your child's sleep and nap routines (time they go to bed, if they nap, etc.)? \_\_\_\_\_

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List things that may frighten your child \_\_\_\_\_

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Describe your child's health. Include any health issues we should be aware of. \_\_\_\_\_

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List things you might discipline your child for, and describe the type of discipline that works best for you at home.

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List anything we need to know regarding toilet training or bathroom habits. \_\_\_\_\_

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Is this your child's first school experience?  Yes  No

Do you anticipate any separation issues with your child at the beginning of the year?  Yes  No

If yes, please explain \_\_\_\_\_

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What do you want your child to receive from his/her experience while attending Holy Cross Lutheran Learning Center?

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How did you hear about our program? \_\_\_\_\_

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Please feel free to share any additional information that might help us better care for your child.

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\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Today's Date