

All about Me

My name is _____ I like to be called _____.

My birthday is _____.

Place of birth _____.

My favorite toy is _____.

My favorite color is _____.

My favorite food is _____.

Allergies? _____.

My pet is _____ It's name _____.

I have _____ Brother(s) and _____ sister(s).

List their names ages _____.

My favorite thing to do is _____.

I get scared when _____.

This is the first time I have been away from Mom & Dad. YES or NO

How does your child go to sleep? _____.

Are there any special items needed in order to go to sleep?
_____.

How would you describe your child's personality? _____
_____.

What are your main expectation of this program? _____

_____.