

Child's Name: _____

Class: _____

Small Fries Preschool Program Child & Family Information Sheet



The following information is optional, however extremely helpful for staff in order to understand & assist your child to the best of their abilities. All information provided will be kept confidential in your child's file.

What special interests does your child have? _____

Does your child have any fears or dislikes? _____

Does your child have any physical, developmental, or social/emotional needs that you feel we should know about? (Examples may include allergies, dietary needs, medications*, illnesses, delays, or disorders) Y / N

If yes, please explain: _____

***Please Note:** Any medications that may need to be administered while at school will require a physician's signature. Please call (970) 962-2487 or email kelly.rathbun@cityofloveland.org to obtain the necessary form(s).

Please describe the behavior modification/discipline/reward methods you use at home with your child:

Does your child have any siblings?

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Does your family have any pets? _____

Does anyone in your family have an occupation/talent/hobby that you would be willing to share with the class?

Are there any aspects of your family's culture such as celebrations, traditions, holidays, or recipes that you would be willing to share with the class?

What do you hope for your child to gain/learn/experience during their time in Small Fries Preschool?

What concerns you most about your child coming to Small Fries Preschool? Is there anything we could do to help relieve your concerns?
