



UPK Information Sheet

Please fill out this form and return to me by the first day of class. This will help me to better understand your child.
Thank you!

Child's Name _____ Nickname: _____ Birth date: _____

Parent/Guardian: _____ Child's Age: _____

How do you comfort your child? _____

Has your child had any traumatic experiences that I need to be aware of? _____

What hobbies or special interests does your child have? How does he/she spend his/her time? Favorite toys?

Did your child attend preschool? _____ If yes, how many years? _____

Has your child taken any other classes or lessons such as dance, library, swimming, etc.? _____

Do you feel your child needs any extra help in any specific areas? Please explain: _____

Please write anything else you would like me to know about your child on the back of this sheet. Are there any special considerations that I should be aware of?