



Getting to Know Your Child

Child's full name _____

Nickname _____ It is _____ is not _____ ok to call them by this name?

The name you want your child to learn to write _____
(this will be on his/her nametag, papers, etc.)

Who lives at home with him/her?

Father _____ Occupation _____

Mother _____ Occupation _____

Brothers Names/ages _____

Sisters Names/ages _____

Pets _____

School District your child will attend _____ Elementary school _____

Left or Right handed _____

Are languages other than English spoken at home? If so, what _____

Does your child receive any of the following Early Intervention services?

_____ Speech Therapy _____ Occupational Therapy _____ Physical Therapy _____ Other

Home Church _____

Favorite color _____

Please describe your child's general personality and interests.

Are there any particular elements of your child's home life that might affect him/her at school?

What are your goals for your student this school year?

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