

Child Introduction Form

A simple introduction will help me to know your child better, please check all that apply to your child.

My child:

_____ Is Shy

_____ Sucks his/her thumb

_____ Is overactive

_____ Is potty trained

_____ Has certain fears

_____ Is used to daily naps

_____ Bites his/her fingernails

_____ Is subject to temper tantrums

_____ Plays well with other children

_____ Is used to a certain bed time

_____ Has siblings. How many? _____

Name

Age

Lives with: Both parents _____ One Parent _____ Other: _____

Has suffered a serious injury of some type. Explain. _____

Food allergies _____