

Dear Parent,

Please help me help your child through orientation by completing this form.



Child's Name \_\_\_\_\_

Please list your child's favorite...

Breakfast food \_\_\_\_\_

Lunch food \_\_\_\_\_

Snack food \_\_\_\_\_

Song \_\_\_\_\_

Books \_\_\_\_\_

Videos \_\_\_\_\_

Toy or stuffed animal \_\_\_\_\_

Cartoon character \_\_\_\_\_

Game \_\_\_\_\_

Inside activity \_\_\_\_\_

Outside activity \_\_\_\_\_

If my child has trouble falling asleep I usually: \_\_\_\_\_

My child is afraid of: \_\_\_\_\_

Other people who have regular contact and are involved with my child's care (grandparents, step parents, siblings, friends, etc.)...

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are brand new to each other)...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_