

We are so excited about having your child at Sound Beach Day School. To help us get to know your child before the year begins, please fill out the information and return to us prior to the start of school.

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

Date of Birth \_\_\_\_\_ Languages at home \_\_\_\_\_

Parent's name \_\_\_\_\_

Siblings name \_\_\_\_\_

Pets \_\_\_\_\_

Has your child ever attended another program prior to Sound Beach Day School? If yes, which one? \_\_\_\_\_

My child's strength are: \_\_\_\_\_

\_\_\_\_\_

My child struggles with: \_\_\_\_\_

\_\_\_\_\_

What kinds of things upset your child? \_\_\_\_\_

What motivates your child? \_\_\_\_\_

3 words that best describe your child: \_\_\_\_\_

Any special information we should know (new baby, new house, etc.) \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns or comments that you would like the school staff to be aware of?

\_\_\_\_\_

\_\_\_\_\_