

ALL ABOUT ME!

Date _____



Place a photo
of your child here

CHILD

Name _____

Birthday _____

Allergies _____

Is afraid of _____

PARENT OR GUARDIAN

Name _____

Phone _____

Email _____

Best time to contact me _____

I am proud that my child knows:

I think my child is good at:

My child really likes:

My child really dislikes:

I am excited for my child to learn:

These people live with my child:

**My child enjoys it when we read this
book or sing this song:**

**My child and/or our family could
use help with:**

**I would like to be involved in my child's
education in these ways:**