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)…

_____
_____
_____
_____
_____