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)…

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________