

**WORLD OF WONDERS  
KINDEGARTEN & SCHOOL AGE  
GETTING TO KNOW YOUR CHILD**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Date of Promotion: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_

Orientation Schedule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Family names and relationships (including pets): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Self-help skills (Button, Zip, and Tying Shoes) etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Social/Emotional maturity (peer & adult interaction skills, Stranger anxiety, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Cognitive abilities (materials and equipment, Writing or using other small manipulative materials): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Gross motor skills (running, skipping): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Eating Preferences (allergies, favorite foods, least favorite foods, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Health and Safety mannerism; washing hands when required (before eating and bathroom) etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Other comments (favorite activities, special concerns, habits, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to schedule a conference?

Yes

No

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date