

All About My Child

Welcome to Little Blessings 2026–2027!

Please help us get to know your child better by completing the information below and returning it with your other completed forms.

Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

1. Tell us about your family.

(Include siblings—names and ages—pets, or other family members your child interacts with.)

2. What are your child's favorite things to do?

3. Does your child experience any separation anxiety?

Yes No

If yes, please explain:

4. Does your child have any food or medication allergies?

5. Do you have any concerns about your child's speech?

Yes No

If yes, please explain:

6. Is your child currently potty trained or in the process of training?

Please share what stage of potty training your child is in. This helps us maintain consistency between home and school and better support your child's needs.

7. Do you have any concerns about your child's physical or emotional well-being?

Is your child currently working with a specialist (for example, physical, occupational, or speech therapy)?

We welcome collaboration and input from specialists who work with your child.
