



VALLEY VIEW Learning Center

STUDENT INFORMATION SHEET

Welcome to Valley View Learning Center! We are pleased that you have chosen us to share this very important time in your child's life! In order for our teachers to learn more about your child, we ask that you supply the following information:

Child's Name: _____ Birth Date: _____

Parent's/Guardian's Names: _____

Names & Ages: Brothers _____ Sisters: _____

What is your child's favorite: Food _____ Game _____ Color _____

Toy _____ Cartoon _____ Song _____ Activity _____

T.V. Show _____ Food: Likes _____ Dislikes _____

What is your favorite family activity? _____

Do you have any pets? What are their names? _____

What is the best way to comfort your child? _____

How does your child like to transition to nap? (story, music, blanket, etc.) _____

How does your child respond when hungry? _____ Tired? _____

Does your child have any special fears? _____

What else would you like us to know about your child? _____

What else can we do for you or your child to make your child care experience pleasant? _____