



Parents please fill out the questions below about your child. We will make a copy for his/her teacher

**Child's Name:** \_\_\_\_\_

**Some Special Facts:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Special Interest:** \_\_\_\_\_

**Likes:** \_\_\_\_\_

**Dislikes:** \_\_\_\_\_

**Toilet Habits:** \_\_\_\_\_

**Eating Habits:** \_\_\_\_\_

**Things you would like your child to learn at Children's Discovery Center:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_