



Love 2 Learn

Preschool Academy

ABOUT YOUR CHILD INFORMATION SHEET

Please tell us a little bit about your child, this will help to make for a smooth transition into our center

Child's Name: _____ Age: _____

Child's Birthday: _____

Questions:

Is your child potty trained? _____ (if applicable)

Has your child been in preschool prior to Love 2 Learn? _____

Any allergies? YES NO

If so, explain?

Anything you would like to let us know about your child?

Child's Name: _____ Age: _____

Child's Birthday: _____

Questions:

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