## All About Me

(For the Teacher)

Dear Family,

Child's Name:			
ly? Names and Relationshi	p to your child:		
Relationship:	Name:	Relationship:	
Relationship:	Name:	Relationship:	
Relationship:	Name:	Relationship:	
our child most comfortable	e speaking?		
Which language(s) does your family speak at home?			
Has your child been to school before?		If yes, please describe the experience:	
		·	
What time does your child usually go to bed at night? What time do they wake up?			
ically nap? What time and	for how long?		
s favorite food?	What	is your child's favorite color?	
es your child most enjoy?			
ve any allergies?lf	yes, please list:		
have for your child this yea	r?		
	ly? Names and Relationshi  Relationship: Relationship: Relationship: Relationship: Relationship: rour child most comfortable does your family speak at he to school before?  calm your child when he or  calm your child when he or  calm your child when he or  ically nap? What time and se disposition upon waking use favorite food?  es your child most enjoy?  es your child most enjoy?  your any allergies?  If your any known medical need in:  have for your child this year	ly? Names and Relationship to your child: Relationship:Name: Relationship:Name: Relationship:Name: Your child most comfortable speaking? does your family speak at home? to school before? calm your child when he or she is upset?	

Our school uses class dojo to share pictures and information with you about your child's activities and progress in class. There is a class story where the teacher will post to all parents in your class. There is also a secure and private way to message questions and concerns to your child's teacher and the office staff. Please see the office for your unique log in information.