

Zion Lutheran Child Care Center

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Menomonee Falls, WI 53051
262-781-6719



LET US GET TO KNOW YOU

MY NAME IS _____ I AM _____ YEARS OLD

MY NICK NAMES ARE: _____

I HAVE _____ BROTHERS & SISTERS. THEIR NAMES AND AGES ARE:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HAVE _____ PET(S). THEIR NAMES AND WHAT KIND OF PET THEY ARE IS:

WHAT FRIGHTENS ME IS _____

WHAT COMFORTS ME IS _____

MY FAVORITE FOODS ARE: _____

MY FAVORITE TOYS ARE: _____

DO I HAVE ALLERGIES? YES _____ NO _____ (IF YES PLEASE SPECIFY):

PLEASE LIST ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL TO US AS WE GET TO KNOW YOUR CHILD:

