



## Parent Input Form

Parents are a child's first teacher. Please tell us about your child.

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

What types of things does your child like to do?

Does he/she participate in any special activities?

What types of things does your child dislike doing?

At what age did your child begin to walk? \_\_\_\_\_

At what age did your child begin to talk? \_\_\_\_\_

Please share any other information that you believe might be important for us to know about your child.