

Welcome to Shooting Stars!

Please fill out the following so that we have some helpful information to get your child started as comfortably as possible Please either mail directly to Shooting Stars with registration forms or return on the first day of school.

Name: _____

My child prefers to be called (full name, nickname) _____

Favorite toys, books,
interests: _____

Who are the people I spend the most time
with? _____

Who lives in my house: names and ages of siblings (pets and
people)? _____

Who will be dropping off and picking
up? _____

Does your child have particular
fears/anxieties? _____

Is your child toilet trained? _____ What is their toileting routine _____

What is there bed time and
schedule _____

What holidays or traditions does your family celebrate? What holidays do you. Not celebrate?

What language(s) is spoken in your
home? _____

Other information you would like us to know to get
started _____

