



Dear Parent,

Please help us help your child through orientation by completing this form.

Child's Name _____

Child's Age _____

Date of Birth _____

Parent(s)/Guardian(s) Name(s) _____

Names and Ages of Siblings _____

Please list your child's favorite...

Food(s) _____

Song(s) _____

Books _____

Movies _____

Toys _____

Games _____

Activities _____

What does your child do well?

If my child has trouble falling asleep, I usually:

My child is afraid of:

Is there anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are brand new to each other)?:

How does your child usually approach new experiences?

What do you want the most for your child while here at Angel Haven?

What can we do together for your child to make this a positive experience?
