

**Bright Beginnings Learning Center**  
Student Information Sheet  
*(To be kept by classroom teachers)*

Please introduce us to your child. This information may help us put your child at ease. The more familiar we seem, the more comfortable we can make your child. Thank you!

Child's Name \_\_\_\_\_ We call him/her \_\_\_\_\_

Parents' Names \_\_\_\_\_

Siblings at home (names/ages)  
\_\_\_\_\_

With whom does the child live?  
\_\_\_\_\_

Favorite color  
\_\_\_\_\_

Favorite stories or books  
\_\_\_\_\_

Favorite movie  
\_\_\_\_\_

Favorite characters  
\_\_\_\_\_

Pets  
\_\_\_\_\_

Fears  
\_\_\_\_\_

What comforts your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite activities/toys/things to do

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Is there anything that you feel we should know about your child?

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**Thank you for sharing your child with us! We are committed to providing a loving, nurturing environment for your child.**