

**ACTIVE ZONE KIDS**  
**STUDENT INFORMATION**  
***Getting to Know You***

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

What do you want your child to be called at school? \_\_\_\_\_

Parent's Name(s) Child's Siblings (This will help us spell their names on artwork):  
\_\_\_\_\_  
\_\_\_\_\_

Family Pets: \_\_\_\_\_

What are your child's favorite snack foods?  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's interests?  
\_\_\_\_\_  
\_\_\_\_\_

What activities does your child like to do?  
\_\_\_\_\_  
\_\_\_\_\_

List any food allergies:  
\_\_\_\_\_  
\_\_\_\_\_

What food(s) does your child dislike?  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else about your child I should know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_