

Child's Name: _____

Date: _____

"Getting to Know You"

PURPOSE: In an ongoing effort to know our families and children, we use this information respectfully. We ask for each family's feedback on this form every time your child moves up to a new classroom, because things change! Thank you!

My name is _____

I was born on _____

My nickname is _____

I am (age) _____



These are the people who live in my house (name and relationship).....



My playmate(s) and pet(s) names are



My favorite activities, games, books and toys



My least favorite activities, games, books and toys



My favorite foods

My least favorite foods



What frightens or upset your child?

What calms your child when frightened or upset?



When is your child most cooperative?

When is your child least cooperative?

Three things I hope for my child to learn

What are your goals as a parent in enrolling your child in child care? In describing your relationship with the child care center, what quality would you consider to be the most important (ex. Staff, relationship with the office, activities, health and safety), and why? _____

How do you help your child learn?



Describe your child's schedule.....
(wake up, activities, bedtime, etc.)

Describe your child's involvement in the following routines:

Feeding.....

Toileting.....

Dressing.....

Tooth brushing.....

Clean up.....

Five words that best describes your child:

Describe your child's family's literacy activities:



How often and when do you and your child read together?

How does your child handle books?

Are you interested in a "Getting to Know You Meeting" with your child's teacher after they are in the class for 45 days? _____

Child History

Describe your child's experience in any programs, playground, or childcare:

Name of program: _____

When: _____ How long: _____

Check the following that apply to your child?

_____ nail biting _____ thumb sucking _____ stuttering

Other: _____

Does your child have any special needs? _____

Does your child have any allergies? _____ If so, do we have your permission to post the emergency medicine action plan in the classrooms for teacher reference? _____

Does your child have early intervention services? _____

Does your child have an IFSP/IEP? _____ Are you willing to provide us with a copy to help us meet your child's needs? _____

Family History

Is there any information about your family you would like us to know that wasn't already covered on this form?

Are there any custody issues or any other issues of which you would like to make the school aware? _____

Is there any information about your family's culture, ethnicity, language or religion that is important for us to know? Does your child speak any languages other than English? _____

Are any members of your family willing to volunteer in the classroom or for the center? If so, what talents or interests you would like to share: _____

Parent's Signature: _____ Date: _____

Employee Signature: _____ Date: _____