

Getting to Know You

All the information provided on this form is requested so we can get to know your child and help the adjustment period go a little smoother.

Child's Name: _____

Birth date: _____

What are your main expectations of this program?

Is there any information about your family's culture, ethnicity, language or religion that is important for us to know?

Family Information

Does your child have any siblings? ____brothers and ____sisters, their names and ages are:

Are there any custody issues that we should discuss?

Does your family have any pets?

Does your child respond to any nicknames?

Does your child have any nicknames for family members?

Is there any other information about your family's composition that you would like to share?

Your Child:

Please circle all the words that best describe your child:

calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn,

curious, active, destructive, gives in easily, temper tantrums, jealous, shares well,

hyperactive, bright, slow learner, busy, contented,

other: _____

How well does your child get along with other children

Child's Favorite Games or Activities

Child's Favorite Toy(s)

What Makes Your Child Mad or Upset and what do you find is the best way off handling your child?

-Are there any "family" rules we should be aware of?

-Any Special concerns or comments?

Eating Habits:

Favorite Foods: _____

Least Favorite Foods: _____

Does your child have any allergies, tastes and/or reactions to food?

Day Care Experiences:

Has your child been in an early learning program or child care before? If yes, would you share some information with us?

(Where? When? For how long?)

What kind of care (family day care home, relative/neighbor care, group, center)?

Is there a reason for leaving that program that you would like to share?

Do you have any of your child's records from that program? ___Yes ___No Any special concerns?

Medical Information:

List child's frequent illnesses:

Any Known Allergies? (Asthma, Hay Fever, Insect Bites, Medicines, Food, Etc.)

Any Medications Given Regularly (what and when is it given)? Are there any special medical concerns I should know about?

Special instruction in case of an allergic reaction:

Is your child prone to: upset stomach, colds, seasonal allergies, ear aches, headaches, sore throats, nose bleeds other_____

If your child becomes ill and must be picked up, who should we contact after the parents?

Please list any personal habits (like nail biting, thumb sucking, etc.) Are there any special problems or fears that we should know about?

Sleeping:

Does your child have a regular bedtime schedule? () yes () no

What time does your child usually go to bed at night?_____

What time does your child usually wake up in the morning? _____

Does your child have trouble sleeping? night terrors, trouble going to sleep, etc..

Are there any special items (stuffed animal), blankets, etc that your child needs to go to sleep?

What is your child's disposition upon waking up? (happy, grouchy, clingy, slow, etc..)

Parent/Guardian Print Name _____ Date

_____ Parent/Guardian Signature/date_____

