



## Getting to know you!

This information is to be shared with your child's teacher

Parent/Caregiver: \_\_\_\_\_

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

DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

### Family Composition Questions:

1- Tell us about your household (Neighborhood, who lives there, names of family members and relationship to child):

2- Does your child have any parents that do not live in the home? \_\_\_Yes \_\_\_No

#### If yes:

- Does your child visit this parent? \_\_\_Yes \_\_\_No
- Are there any custody issues that we should discuss?

3- Does your child have any siblings? (Names and ages)

4- Does your family have any pets?

5- Does your child respond to any nicknames? Does your child have any nicknames for family members?

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

7- What language is spoken in your home?

\_\_\_ English \_\_\_ Spanish \_\_\_ Both \_\_\_ Other (specify below)

In what language do you prefer to receive communications from the center?

\_\_\_\_\_

8- In what modality do you prefer to receive communication from your child's teacher?

(Check all that apply)       Text       Email       Paper

**Child Information:**

1- Has your child been in an early learning program or child care before? \_\_\_ Yes \_\_\_ No

o If yes:

Where? \_\_\_\_\_

When? \_\_\_\_\_

For how long? \_\_\_\_\_

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

2- How does your child react to other children and adults?

3- Do you have any concerns related to your child transitioning into our program?

4- Are there any important routines at drop off/pick up/naptime etc. that would be helpful for us to know about?

5- Are there any special problems or fears that we should know about?

6- Does your child do any of the following?

Nail biting       Thumb sucking       Wetting

Other: \_\_\_\_\_

7- Does your child have any special needs?

Medical       Developmental       Social       Mental Health

- Do any of these special needs require special care by our teachers?
  
- Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)?    \_\_\_ Yes    \_\_\_ No
  - If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.
  
  - What program or individuals work with your children in regards to these needs?
    - Speech Therapist     Physical Therapist     Occupational Therapist
  
    - Other Special Instructor: \_\_\_\_\_

8- Does your child have any allergies? \_\_\_ Yes \_\_\_ No (if yes check all that apply)

- Food allergies       Environmental allergies       Allergies to medicine

9- Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know? Would you and/or your family like to be a resource for any cultural awareness activities?

10- Describe your child's schedule: (Infants should be specific. Please add any other information about your child's schedule)

- Normal bedtime \_\_\_\_\_ Waking time \_\_\_\_\_ Nap time \_\_\_\_\_
  
- Meal times:  
Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Snacks \_\_\_\_\_
  
- Food likes and dislikes:
  
- Does your child have a different schedule at any other child care settings (Babysitter, relative/neighbor care, school)?  Yes  No  
Explain:
  
- Please write any other information about your child's schedule:

11- Does your child participate in any extracurricular activities? (Please describe)

12- Toileting habits:

- Tell me about your child's toileting habits:
- What words does your family use for bowel movements and urination? Any special terminology for private parts?
- Is your child toilet trained?
- Does your child need to be reminded to go to the toilet during waking hours?

13- Tell me about your child's:

- Favorite Toys: \_\_\_\_\_
- Favorite Games: \_\_\_\_\_
- Favorite Activities: \_\_\_\_\_
- Other interests: \_\_\_\_\_

14- Is there information that will help us make the first few days in our program easier for your child?

15- Is there other information you would like to share?