



Getting to know your child

Child's Name _____

Sex: M / F Date of Birth _____ to be called by _____

Home Phone _____

Home Address _____

Email Address _____

Father's Name _____ Occupation _____

Place of Business _____ Phone _____

Business Address _____

Mother's Name _____ Occupation _____

Place of Business _____ Phone _____

Business Address _____

Step Mother/Father's Name _____ Occupation _____

Place of Business _____ Phone _____

Business Address _____

People in the home: Father _____ Mother _____ children _____ Stepmom _____

Stepdad _____ Other adults _____ Church Affiliation _____

List Siblings and ages _____

Emergency Information

Who should we call in case of emergency? _____

Relation _____ Phone _____ Address _____

Previous Provider and Phone Number _____

Dentist _____ Phone _____ Address _____

Doctor _____ Phone _____ Address _____



Getting to know your child

Does your child have any special health needs, allergies _____?

Child Information

Intellectually

What play materials or equipment seems to hold your child's interest the longest?

Indoors _____ Outdoors _____

Is your child interested in books _____ My child is L/R handed?

What subjects are they interested in _____?

What is his/her special interest or hobbies? _____

Socially

Does your child rest well at night? _____

Is your child comfortable with adults? _____

Is your child comfortable with other children? _____

Is there a situation in which your child will need help? _____

What are your child's favorite foods? _____

Emotionally

Does your child have any fears/dislikes? _____

What is your child's attitude towards his/her new school? _____

Where was your child prior? _____

What is your reason for new school? _____

What are some issues between parent/child? _____

Why have you chosen GEM for your child? _____

Who can we thank for the referral? _____

What are your expectations from our program? _____