



Getting to Know Your Child

Please help me know more about your child.

Language spoken at home: _____

How does he or she communicate: _____

Favorite toys, playthings, or play interests: _____

Favorite foods: _____

Favorite sleeping position: _____

Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep (unless I receive a signed permission form stating otherwise from a licensed physician).

Blanket or special toy: _____

General disposition/fears/comforting: _____

Favorite songs/games/finger plays: _____

Brothers/Sisters/Others in the home: _____

How do you encourage positive behavior: _____

If your child attends school, please list:

School Name: _____ School Phone Number: _____

Hours in School: _____ a.m./p.m. to _____ a.m./p.m.

Additional information which may be helpful in understanding your child, his or her needs and in making the transition to this child care program easier: _____
