

GETTING TO KNOW YOUR CHILD

The Get to Know Your Child form helps me learn about your child's interests, experiences, development, care and health needs, and goals. Your responses help me provide the best support and create a positive, comfortable environment for your child.

The basics

Child's name: _____ DOB: _____

Any Nicknames: _____ Gender: _____

Parent/Guardian information

Contact name(s) and phone number(s), in the order you would like to be contacted if your child becomes sick.

1. _____
2. _____
3. _____

Previous Experience

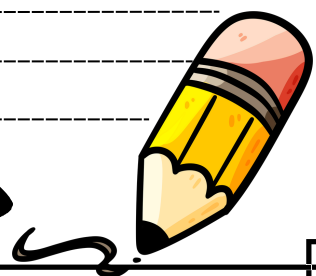
Has your child attended preschool/daycare before? _____

If Yes, where & for how long? _____

What did your child enjoy most about their previous experience? _____

What were some challenges, if any?

Turn Over





Development & Care

What are your child's favorite activities/toys? _____

What are some of your child's strengths? _____

Are there any specific areas where your child needs extra support? _____

Is your child toilet trained? If not what stage are they at? _____

Does your child have any difficulty separating from you? If so what helps comfort them?

Health

Does your child have any allergies (Food, environmental, Etc.)? _____

If yes, please describe & specify reactions & treatment:

Any other relevant health information?

Previous Experience

What are your goals for your child's preschool experience? _____

Is there anything else you would like us to know about your child?

