

“Getting to Know You. Getting to Know All About You”

Please help us get to know your child and your family better by filling out this form

Child's name (the name we should use)_____Age_____

Who are the significant people in your child's life?

Who will be accompanying you child to and from school? Include cell numbers.

What are some your important family activities or holidays?

Please describe your toddler's sleeping, eating/nursing habits, toilet learning, etc.

How would you describe your toddler's personality and temperament?

What are some of your toddler's favorite activities, toys, interests, preferences etc.?

Is your child transitioning from anything such as a pacifier, bottle, particular toy, etc.?

Please list any organized child or child/parent activities in which your child has recently participated:

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Do you have any goals/wishes/hopes for your child's (name program) experience?

Do you have any concerns or questions?

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

How do you imagine being able to participate in your child's class? Frequency and types of events, such as cooking, reading stories, making materials, something else of interest to you?