



GETTING TO KNOW YOU AND YOUR CHILD

Child's Name _____ Nickname _____

Sibling(s) Name(s) and Age(s) _____

List anyone else living in the home: _____

Has your child had group experience? If so, where? _____

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

Please list any special needs that we should be aware of or concerns that you have about your child:

Does your child sleep alone? In a crib or bed? _____

Favorite Foods: _____ Food Dislikes: _____

Is your child a good eater? _____ Is your child toilet trained? _____ Bowel _____ Bladder

What words do you use for bowel movements? _____ Urinating? _____

Fears (history and how your child shows fear): _____

How is your child comforted? _____

What is your child's typical daily routine? (eating times, nap times, bed time, TV viewing, etc.)

Languages spoken in the home: _____

What cultures do you consider most important to your identity? (traditions/customs)

Parents' backgrounds and interests: _____

Is there anything else that you feel is important for us to know about your child and/or family?

What is important to you in a parent/provider relationship? _____

What is your preferred contact method? _____ email _____ phone call _____ text

Parent's Name

Parent's Signature

Date