

GETTING TO KNOW YOU AND YOUR CHILD

Child's Name _____ Nickname (s) _____

Family Composition

Both parents in home: Y N Custody Issues: Y N explain _____

Visitation Arrangements: Y N _____

Pets: Y N If yes, what & how many _____

Any additional family composition information _____

Childcare Information

Previous child care: Y N Type: __Center __ Family home __Group __Relative/Neighbor

When? How long? _____

Reason for leaving _____

Child's records available: Y N

Child Information

How does your child react to other children _____ adults _____

How might your child react on the 1st day _____

Does your child have any:

__ Imaginary friend _____ __ Special problems _____

__ Fears _____ __ Nail biting __Thumb sucking __Stuttering

__ Special Needs _____

 __requires special care by teachers __IEP (provide copy) __Individuals/Programs assisting

__Allergies(food, environmental, medicinal) treatment _____

What words does your family use for bowel movements and urination _____

__toilet trained special words used for the toilet _____

Does your child need to be reminded or asked to use toilet Y N _____

Does your child need to be awakened to use toilet Y N _____

What we need to know

How can we make the 1st few days easier for your child?

Describe your child's schedule: bedtime/wake up/nap and durations, meal times, etc.

Any additional information you would like to share?