

Getting to Know Your Child

Dear Parent,

We would like you to help us get to know your child better. He/She is very important to us and thus our staff will be able to share the responsibility, while your child in our care. Please complete the following and return it to the office.

Development History:

Child's Name _____ Birthdate _____
Address _____ Phone _____

Personal History:

Age began talking _____ Speaking in words _____ Speaking in Sentences _____
Any speech difficulties? _____
Right handed _____ Left handed _____

Health:

Any allergies? _____
Frequent colds _____ frequent stomach aches _____
Special instructions if the child becomes ill _____

Toilet Habits:

Can child be relied on to indicate bathroom needs? _____
Word used for urination _____ Word used for bowel movements _____
Does child have accidents? _____ Child's reaction _____

Social Relationships:

Previous group experience _____
By nature, is child: Friendly _____ Aggressive _____ Shy _____ Withdrawn _____
How does he/she get along with siblings? _____
Knows the following children in our school _____
Does the child demand much attention? _____
How does the child express feelings? _____
How do you discipline? _____
Favorite toys and activities at home _____
Has had experience with: clay _____ scissors _____ easel painting _____
Finger painting _____ blocks _____ water play _____ listening _____

Comments: In what particular way can we help your child this year? What do you hope your child will gain from this experience? (Additional comments on back).

Eating:

Is child hungry at mealtime? _____ Between meals _____
Favorite Foods _____
Food dislikes _____
Food allergies _____

Sleeping:

Time child goes to bed P.M. _____ Awakens A.M. _____
Does child have own room? _____ What does child sleep with? _____
Mood when awakened _____
Does child nap at home? _____ When to when _____

Additional comments or information:

