

# Getting to Know You



Today's Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Parents' Ethnicity/Nationality \_\_\_\_\_

Siblings (Names & ages) \_\_\_\_\_

Do you have any pets at home? If so, what are their names?

\_\_\_\_\_

What primary language is spoken at home? \_\_\_\_\_

What holidays are celebrated at home? \_\_\_\_\_

\_\_\_\_\_

Does your child need reminders to go to the bathroom? \_\_\_\_\_

Does your child require assistance in cleaning when he/she goes to the bathroom? Please describe:

\_\_\_\_\_

\_\_\_\_\_

Does your child take naps? \_\_\_\_\_

If so, when is their nap time? \_\_\_\_\_


How long is nap? \_\_\_\_\_

Describe any special needs or concerns your child might have in a school setting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continued 



Does your child have any specific fears or worries we should know about?

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Do you have any concerns with your child's behavior? If yes, please describe:

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Has your child attended another center? If so, which center?

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Name some of your child's likes/special interests:

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Name some of your child's language skills:

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Name some of your child's math skills:

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Name some of your child's social/emotional skills:

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Parent Signature \_\_\_\_\_

Date \_\_\_\_\_