



Getting to Know You

Today's Date: _____

Child's Full Name: _____ Nickname (if any): _____

Child's Birthday: _____

Parents' Names: _____

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 going to the bathroom? _____

Does your child require assistance in cleaning when going to bathroom? Please describe: _____

Does your child usually take a nap? _____ 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:



Has your child participated in any social activities? _____ If yes, please explain

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

Any concerns with your child's behavior? If so, please describe_____

Has your child previously attended another center? _____ If so, which center:

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

Please describe some of your child's:

Language Skills: _____

Math Skills: _____

Social/Emotional Skills: _____

Parent Signature

Date