



Getting to know you

Today's date: _____

Child's last name: _____

Child's first name: _____ Middle name: _____

Nickname: _____ Child's birthday: _____

Address: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

City of birth: _____ Country of birth: _____

Parent's names: _____

Number of Siblings: _____ Name & Ages: _____

Any other Relatives at home? _____

Pets: _____

What primary language is spoken at home? _____

What other languages are spoken at home? _____

Birthplace of Mother: _____

Address of mom if different: _____

Birthplace of Father: _____

Address of father if different: _____

What holidays does the child celebrate at home? _____

Does your child need help going to the bathroom? _____

Does your child need to be reminded to go to the bathroom? _____

Are there any issues of concern in this area? _____

Does your child usually take a nap? _____ How long? _____

What time is bedtime at home? _____

Describe any needs your child might have: _____

Has your child participated in any social activities? If yes which ones? _____

Does your child have any fear or worries? _____

Any concerns with your child's behavior? _____

Did your child attend another center? _____

Name of the previous center: _____

Can you provide us with a copy of your child's progress report? _____

Name some of your child's Language Skills: _____

Math Skills: _____

Social/Emotional Skills: _____

Parent signature

Date