

# Getting to Know You



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

Child's Full Name: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Siblings (Names & Ages): \_\_\_\_\_

Any other relatives at home? \_\_\_\_\_

Pets: \_\_\_\_\_

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

What other languages are spoken at home? \_\_\_\_\_

Nationality/Ethnicity of Mom: \_\_\_\_\_

Nationality/Ethnicity of Dad: \_\_\_\_\_

What holidays does the child celebrate at home?  
\_\_\_\_\_

Does your child need help going to the bathroom? \_\_\_\_\_

Does your child need to be reminded? \_\_\_\_\_

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 in a school setting:**

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**Has your child participated in any social activities? \_\_\_\_\_ If yes, please explain**

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

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**Any concerns with your child's behavior?**

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**Has your child previously attended another center? \_\_\_\_\_ Name of the previous center: \_\_\_\_\_**

**Can you provide us with a copy of your child's progress report? \_\_\_\_\_**

**Please describe some of your child's:**

Language Skills: \_\_\_\_\_

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Math Skills: \_\_\_\_\_

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Social/Emotional Skills: \_\_\_\_\_

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Favorite Activities, Songs, Etc.: \_\_\_\_\_

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**Are you available for any volunteering? \_\_\_\_\_**

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**Parent Signature**

**Date**