

Help Us Get to Know Your Child

This helps us understand your child's needs, personality, routines, and preferences.

All information provided is kept confidential and used to support your child's development and well-being.

Child

CHILD'S FULL NAME

NICKNAME

DATE OF BIRTH

About Your Child

1. WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES OR TOYS?

2. DOES YOUR CHILD HAVE ANY FEARS OR THINGS THAT UPSET THEM?

3. HOW DOES YOUR CHILD COMMUNICATE NEEDS (WORDS, GESTURES, SIGN LANGUAGE)?

4. DESCRIBE YOUR CHILD'S DAILY ROUTINE AT HOME (MEALS, NAPS, BEDTIME).

5. ARE THERE ANY ALLERGIES, SENSITIVITIES, OR DIETARY RESTRICTIONS?

6. WHAT HELPS COMFORT YOUR CHILD WHEN THEY ARE UPSET?

7. IS YOUR CHILD TOILET TRAINED? IF NOT, WHAT STAGE ARE THEY IN?

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8. ARE THERE ANY CULTURAL, RELIGIOUS, OR FAMILY PRACTICES WE SHOULD RESPECT?

9. WHAT GOALS DO YOU HAVE FOR YOUR CHILD WHILE ENROLLED IN OUR PROGRAM?

ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW: